

**GUIDELINES FOR COMPLETING HR-29 FORM  
REQUEST FOR FINANCIAL ASSISTANCE FOR EDUCATION OR TRAINING**

**Purpose:** This form is used to request authorization for an employee to attend classes and to receive financial assistance and/or educational leave under the provisions of the Virginia Department of Health Policy for Employee Financial Assistance for Education and Training. Refer to VDH Policy 5.06 in the VDH Policies and Procedures Manual for more details. It also serves as a repayment agreement for costs incurred by VDH.

**The following explanations and definitions refer to sections of the form:**

**I. Justification:** Enter a brief statement explaining the agency business need for the course(s) and how it will improve the productivity of the unit concerned. Attach additional information if needed.

**II. Nomination:** Enter brief statement explaining the basis and method of selection, including assurance that all other full-time employees in comparable positions considered. Attach additional information if needed.

**III. Nominee Identification:** Enter identification information for employee seeking financial assistance. Enter brief statement of the actual duties performed by the nominee. Attach a current Employee Work Profile.

**IV. Type of Education or Training Requested:** check the appropriate box (see VDH policy 5.06, Section III for Definitions of each type.

**V. Course information:**

- a) List all courses the employee desires to attend along with a course description.
- b) State if each course is graduate, undergraduate or non-credit; include the number of credit hours or continuing education units (CEU's) for each course.
- c) Enter the academic semester (Fall, Spring, etc.) and year when the course will be taken
- d) For each course, check either: "Attend during work hours" or "Attend after working hours".

**VI. Course provider information:** List required information for course provider.

**VII. Educational leave:** Complete when educational leave is requested in addition to financial assistance for tuition and fees.

**VIII. Cost:** Enter all course costs and related expenses.

**IX. Total Cost of VDH of Educational Leave and Tuition/fees:** Report totals from two previous sections and add to calculate total cost to VDH.

**X. Terms and Conditions of Repayment:** Outlines the complete repayment agreement and the consequences of non-payment. Employee must carefully review and initial this section.

**XI. Demand Note (employee initiated requests only):** Employee must also carefully review and initial this section.

**XII. Signatures:** Employee, the immediate Supervisor, the Division Director (when applicable), and the District or Office Director must approval or deny and sign every request form. The Commissioner signs only those forms requesting financial assistance totaling \$5,000 or more.

**VIRGINIA DEPARTMENT OF HEALTH  
REQUEST FOR FINANCIAL ASSISTANCE FOR EDUCATION OR TRAINING**

I. Justification:

II. Nomination process:

**III. Nominee information**

Name:

Date of Employment:

SSN:

Position Number:

Role Code:

Employee Duties (attach current employee work profile):

This request is:  agency initiated  employee initiated

**IV. Type of education or training requested (check appropriate category):**

- Resident Study – must complete Section VII of this form
- During Hours Study, Credit (more than 3 hours per week away from work) – must complete Section VII of this form
- During Hours Study, Credit (3 or fewer hours per week away from work)
- During Hours Study, Non-credit – must complete Section VII of this form
- Training
- After hours

**V. Course information (for resident study, disregard and move on to next section of this form)**

1. Course Title (attach course description):

Graduate  Undergrad  Non-credit  During Work Hours  After Work Hours      Credits      CEUs  
 Semester:                      Year:                      Start Date:                      End Date:

2. Course Title (attach course description):

Graduate  Undergrad  Non-credit  During Work Hours  After Work Hours      Credits      CEUs  
 Semester:                      Year:                      Start Date:                      End Date:

3. Course Title (attach course description):

Graduate  Undergrad  Non-credit  During Work Hours  After Work Hours      Credits      CEUs  
 Semester:                      Year:                      Start Date:                      End Date:

**VI. Course provider information**

Education or Training Provider:                     

Address:

City, State, ZIP:

Phone:

**VII. Educational leave:**

Request approval for paid educational leave.

If educational leave is being requested, consideration of the request is contingent upon the employee being unconditionally admitted to the instructional provider for the type of study requested.

First date of educational leave                      Date returning to work                      Total number of work days missed

To determine the value of your educational leave, divide annual gross salary by 52, divide the result by the number of days in your work week, multiply the result by the total number of days missed while on educational leave; if placed on half salary during educational leave (see VDH policy 5.06, Table 1), divide result by two.

Value of Educational Leave:

For resident study, a complete program of courses including course sequence and dates each course is attached.

1. Title of Degree:
2. Pre-requisites:
4. Total number of credit hours required for degree:
5. Date of enrollment in first semester:

### VIII. Cost

Cost of Education or Training Course:

Estimated Associated Costs: (superceded by actual costs incurred - N/A if not applicable)

Plane/Train/Bus:

Automobile:  Mileage  Rental Car Fees

Meals:

Lodging:

Course Materials (refer to HR policy 5.06, Section 4, C for eligibility):

Other (specify):

Total Cost (Course and Estimated Associated Expenses):

Source of Funds – Cost Code:          Program Code:          Sub-Program:

### IX. Total Cost to VDH in Educational Leave and Tuition/Fees

Value of Educational Leave (from Section VII of this form) when applicable:

Cost of Education or Training and Associated expenses (from Section VIII of this form) when applicable:

Total cost to VDH for Education Leave (when applicable) and Tuition/Fees (when applicable):

### X. Terms/Conditions of Repayment

VDH agrees to pay the total cost indicated in Section IX of this form for the education or training, associated costs and educational leave described in this document subject to the conditions listed in this agreement. By signing this form, the employee agrees to all terms and conditions herein. This agreement is also governed by the laws of the Commonwealth of Virginia and applicable provisions of State and VDH policy. The Virginia Department of Health retains the right to cancel the education or training described herein at any time.

- A. Employees receiving financial assistance and/or educational leave for employee initiated education/training totaling \$1,000 or more are required to complete the amount of full-time salaried employment indicated below. These periods of time commence with the first workday following the completion of education, training or educational leave (proof of completion must be provided).

Up to \$999 = no VDH employment obligation

\$1,000-3,499 = 6 months VDH employment obligation

\$3,500 and up = 12 months VDH employment obligation

- B. If the employee does not complete the employment period stated in Section X, A of this form (for reasons including voluntary separation from the VDH, voluntary transfer to a VDH job not directly related to this training, disciplinary action, and/or unsatisfactory job performance), the employee agrees to repay the VDH all or a portion of the total cost specified in Section IX of this form plus interest on that amount at the legal rate of interest according to the Code of Virginia or 8%, whichever is greater, compounded annually from the date the training begins. The amount to be repaid shall be prorated on a monthly basis such that for each full month during which the employee remained in qualifying employment with the VDH, the amount to be repaid shall be reduced by the corresponding fraction of the total cost in Section IX of this form (i.e., for an employee owing six months but working only one, the amount to be repaid shall be reduced by 1/6<sup>th</sup>; for an employee owing 12 months but working only one, the amount to be repaid shall be reduced by 1/12<sup>th</sup>, etc.)

- C. If the employee does not complete the employment period stated for reasons not listed, VDH may require the employee to repay all or part of the total cost of training indicated in Section IX of this form plus interest on that amount at the legal rate of interest according to the Code of Virginia or 8%, whichever is greater, compounded annually from the date the training begins. The reason for non-completion will be reviewed by VDH on a case-by-case basis.
- D. If the employee begins but does not successfully complete the training described herein, he/she may be required to reimburse the VDH for the total cost, listed in Section IV of this form plus interest on that amount at the legal rate of interest according to the Code of Virginia or 8%, whichever is greater, compounded annually from the date the training begins. The reason for non-completion will be reviewed by VDH on a case-by-case basis.
- E. In the event: 1) the employees educational leave is revoked for reasons outlined in VDH policy 5.06 Section 7, A(8), 2) the employee does not successfully complete all the course requirements including any accompanying examinations or certifications by \_\_\_\_\_ (date), or 3) the employee does not receive the degree or become eligible to receive the degree (when applicable) by \_\_\_\_\_ (date), the employee will have defaulted on his/her obligation under this agreement. In this case, VDH will require the employee to repay all or part of the total cost described herein as determined by the Commissioner of Health plus interest on that amount at the legal rate of interest according to the Code of Virginia or 8%, whichever is greater, compounded annually from the date the education or training begins.
- F. If the employee is required to repay the all or part of the total cost to the agency indicated in Section IX of this form, and it becomes necessary for VDH to institute legal action for recovery of the amount due, the employee agrees to pay costs of legal action, including attorneys' fees.
- G. If the employee is placed on leave without pay layoff status, he/she will not be required to repay the VDH for any training that has been received prior to the layoff effective date.
- H. I, the employee, have read Section X of this form and understand that my employment obligation to VDH is:

Agency Initiated education/training:

- No VDH employment obligation

Employee Initiated education/training:

- Up to \$999 = no VDH employment obligation
- \$1,000-3,499 = 6 months VDH employment obligation
- \$3,500 and up = 12 months VDH employment obligation

Employee initials: \_\_\_\_\_

**XI. Demand Note (for employee initiated requests only)**

On demand, subject to the provisions of the Department of Human Resource Management policy governing Educational Leave for State Employees and this form, I promise to pay the Commonwealth of Virginia, at the Office of the State Health Commissioner, a principal sum not to exceed \$ \_\_\_\_\_ (amount from Section IX of this form) plus interest on that amount at the legal rate according to the Code of Virginia or 8%, whichever is greater, compounded annually from the first date of educational leave. The principal sum shall be prorated in accordance with the amount of employment service actually provided during the payback period. This obligation is executed in consideration of benefits received and to be received by the undersigned, an employee of the Commonwealth of Virginia under the provisions of above cited Regulations.

Upon completion of the payback period of full-time employment referred to in Section X, A of this form, your obligation will be considered as discharged and this demand note will be canceled.

I have read and understand Section XI of this form. Employee initials: \_\_\_\_\_

**XII. Signatures:**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Approval

Approved  Denied  Returned to originator for additional information

Comments:

Typed Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director's Approval

Approved  Denied  Returned to originator for additional information

Comments:

Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

District or Office Director's Approval and Certification

Approved  Denied  Returned to originator for additional information

Comments:

**I certify that funds are available in this work unit's budget for this year to fully fund the costs outlined herein.**

Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Commissioner's Approval

Approved  Denied  Returned to originator for additional information

Comments:

Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_