



EDI Short Term* Open Application Dates

May 1-31 each year (funding begins in August)

November 1-30 each year (funding begins in January)

Call Duke Hospital Human Resources at 668-2170
for more information.

**Short Term funding up to \$500 for conferences,
workshops, seminars, and short classes.*

For Long Term Degree or Certificate programs, please contact Duke Benefits Office at 684-5600 or see
web page: http://www.hr.duke.edu/benefits/education/tuition_assistance.html.

DUKE UNIVERSITY HOSPITAL

EMPLOYEE DEVELOPMENT INITIATIVE APPLICATION

The information on this application will be used solely to determine your eligibility for education and professional development funds. Priority for EDI funds will be given to employees taking programs or courses in areas of institutional need. Receiving funds does not guarantee job advancement.

Instructions:

- ❖ Print clearly using black ink.
- ❖ Complete all sections (must include manager's approval). The application will not be considered if incomplete.

For short-term support (a seminar, workshop, or conference), be sure you:

- 1) submit your application during established application periods (if mailed, must be postmarked by last day of month).
- 2) attach a brochure or registration form for your event. (If unavailable during application period, please provide at least 30 days prior to registration deadline.)
- 3) return all materials to: Employee Development Initiative Office, 014B Duke South, Purple Zone or campus mail to EDI, DUMC Box 3632.

Note: Applicants will be notified in writing of Selection Committee's decision.

Call 668-2170 if you have questions, or see our Web site: www.hr.duke.edu/train/duhedi.

Section I. Personal Data

Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

Duke Unique ID: _____ E-mail address: _____

Continuous Service Date (Hire date): _____

Section II. Education

A. Proposed Course of Study

1) Please indicate the type of educational program for which you would like tuition assistance:

Class _____ Workshop_____. Seminar_____ Conference _____ Other (explain) _____

2) Name of Program_____ (attached brochure/registration information if available)

3) Field of Study _____

4) Program cost _____

5) Date(s) of the program _____

6) Are you receiving any other educational or developmental money from Duke (departmental funds, FON, etc.)?

No _____ Yes If yes, please explain:_____

7) Have you received educational or developmental money from Duke in the last two years?

No _____ Yes If yes, please explain:_____

Section III. Employment

Job Title:_____

Present Department:_____

Departmental Mailing Address:_____

Telephone:(_____)_____ Shift:_____

Name of Supervisor:_____

Supervisor's Title:_____

Section IV. Career Development Information and Personal Statement

(Attach additional sheets if necessary.)

1) Describe other educational programs, certifications, special recognition for excellent customer service or outstanding performance that you have received.

2) How will your career plan/educational program benefit your employment at Duke and support our core values of "caring for our patients, their loved ones and each other?"

3) Have you requested financial support from your department?

Yes _____ No _____

4) Are departmental funds available for this proposal? Yes _____ No _____

Section V Recommendation from Manager/Supervisor

To the manager or supervisor: The Employee Development Initiative awards tuition grants to Hospital employees taking career-related courses or seminars. Please assist us by providing the following information, which will be used solely to determine the applicant's eligibility for Employee Development Initiative funds. The application will not be considered if incomplete. Thank you for your cooperation. (Attach additional sheets if necessary.)

1) Name of applicant: _____

2) Applicant's overall job performance.

_____ Exceeds Expectations _____ Fully Achieves _____ Needs Improvement

3) Is employee under any corrective action plan? Yes _____ No _____

4) Is employee working more than 30 hours per week? Yes _____ No _____

5) Is employee paid at least 51% from Duke Hospital (Company 30) cost center?
Yes _____ No _____

6) How would applicant benefit from this educational or developmental opportunity?

Manager/Supervisor

Name: _____

(please print)

Manager/Supervisor

Signature: _____

Department _____

Date: _____

Expectations of Recipients of EDI Short Term Tuition Assistance

The Employee Development Initiative (EDI) is committed to assisting Duke University Hospital employees with their education and professional development through providing educational assistance. EDI has established the following expectations for recipients of EDI funds:

- / **Work** full time in a Duke University Hospital department, and be paid no less than 51 percent from a company 30 cost center during the entire time the EDI funds are received.
- / **Inform** the EDI staff immediately of any changes in employment that may affect you receiving tuition assistance from the EDI program, including, working less than 30 hours per week; switching to temporary or casual status; under corrective action; or having received corrective action for your attendance record.
- / **Inform** EDI staff immediately of any changes in seminar, workshop, or conference status that may affect receiving tuition assistance from EDI, such as withdrawal or not attending seminar, workshop or conference. If you do not/can not attend pre-paid program, you are responsible for requesting and submitting full refund to EDI.
- / **Provide** EDI staff with verification of your attendance at the seminar, workshop, or conference, or successful completion of course **within 10 working days** after date of attendance or completion. Receipt or certification of attendance from the sponsoring organization or an original grade report from the school is required as official verification. Verifications can be faxed to 668-7229.
- / **Failure to submit the appropriate verification of attendance or successful completion of course will result in your full repayment of all tuition assistance received.** Tuition assistance must be repaid within 30 days of program end date.
- / **Sign** and return the EDI Payroll Deduction Authorization Form (mailed with acceptance letter) and adhere to the terms and conditions outlined in this document.
- / **Authorize** EDI staff to review school performance, work performance and request records as needed.

I have read, understand, and agree to the above expectations.

Employee's Name (please print)

Employee's Signature

Date