

**LOUISIANA STATE UNIVERSITY  
HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA**

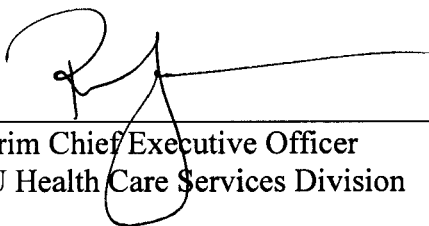
POLICY NUMBER: 4530-11

CATEGORY: Human Resources

CONTENT: Tuition Exemption

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Revised: February 21, 2005  
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Reviewed: December 4, 2009  
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Reviewed: October 17, 2011

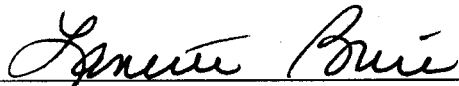
INQUIRIES TO: Human Resources Administration  
LSU Health Care Services Division  
Post Office Box 91308  
Baton Rouge, Louisiana 70821-1308  
Telephone: (225) 922-2277 Facsimile: (225) 922-2705



Interim Chief Executive Officer  
LSU Health Care Services Division

10-26-11

Date



Deputy Chief Executive Officer  
LSU Health Care Services Division

10/19/11

Date



Human Resources Director  
LSU Health Care Services Division

10/19/11

Date

**LSU HEALTH CARE SERVICES DIVISION (HCSD)  
TUITION EXEMPTION POLICY**

**I. Policy Statement**

It is the policy of the HCSD to provide tuition exemption for training and education of its employees at campuses of the Louisiana State University system in accordance with this policy and in accordance with LSU-PM-12. Provisions of this policy do not apply to specialized; self supported educational programs such as the Executive MBA Program.

Note: HCSD will no longer provide tuition reimbursement for employees. Therefore, tuition reimbursement provisions have been deleted from this policy.

**II. Applicability**

Tuition exemption may be granted to any full-time permanent classified or full-time regular unclassified employee who has at least twelve (12) months of continuous full-time employment with the HCSD. Part-time employees are not eligible for educational benefits.

For purposes of this policy, “regular” unclassified employees are defined as monthly unclassified employees and bi-weekly unclassified employees serving in a regular, leave earning, benefits eligible appointment.

**III. Implementation**

This policy or any subsequent revisions are effective upon signature of the CEO of the HCSD.

**IV. Procedures**

**Tuition Exemption**

A request for tuition exemption requires the approval of the Human Resources Administrator of the HCSD. All requests for tuition exemption must be submitted to and receive prior approval from the HCSD Human Resources Administrator.

Tuition exemption shall be applied for in accordance with the following conditions:

- A. The education or training is relevant to the employee’s current position and should result in an employee’s improved job performance or should enhance the employee’s eligibility and availability for promotion in the same career path or should provide a direct value and benefit to the agency in meeting its goals and mission in compliance with the agency’s strategic plan.

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- B. Tuition exemption may only be granted to an employee for up to six (6) hours for the Fall and Spring semesters and three (3) hours for the Summer semester.
- C. Employees approved for participation in the tuition exemption program shall only be allowed a maximum of three (3) hours of educational leave per week during the work hours. An employee requiring any additional time away during work hours must apply for and may be granted annual leave.

- 1. Educational leave shall only be granted for attendance at classes plus reasonable travel time to and from classes, if the classes interrupt the scheduled work days and/or hours.

Employees may not work on assignments; do homework or any other activity relating to the coursework while on HCSD work time. This applies to on-line courses and courses attended on campus.

- 2. Annual leave and/or educational leave for classified employees shall be requested in accordance with Policy No. 4501, Accrual and Use of Leave for Classified Employees.

Unclassified employees requesting educational leave shall refer to PM-20.

- D. To continue to be eligible for tuition exemption, the employee must progress satisfactorily as determined by the employee's supervisor. Satisfactory progress should generally be interpreted by a supervisor to include, but not be limited to, completion of the course with a passing grade.

- E. The employee will be required to produce documented proof of successful completion of the course prior to continuing participation in the tuition exemption program.

Continued participation in tuition exemption requires the same approval process required for the initial participation.

- F. Tuition exemption applies to tuition only, i.e., the fee paid to enroll in a particular course of study.

The exemption does not include travel, registration fees, other fees, or books and supplies necessary for the course.

- G. The tuition exemption shall apply to only the tuition assessed for registering for an undergraduate or graduate course at any Louisiana State University system campus.

On-Line courses are eligible for tuition exemption as long as it is coursework of the undergraduate or graduate curriculum.

On-Line courses MAY NOT be accessed at work. Since educational leave is only granted for classes that interrupt the work day, employees approved for on-line courses will not be eligible for educational leave.

- H. For all graduate classes, the tuition is considered taxable income.
- I. The completed "Request for Tuition Exemption" form included in this policy (Attachment A) shall be submitted to HCSD Human Resources Administration for approval PRIOR to enrolling in a course and must include recommendations of the Hospital Administrator or the Headquarters Office Division Director.
- J. Upon completion of a course where tuition exemption was granted the employee shall submit to HCSD Human Resources Administration:
1. A copy of the HCSD Human Resources Administrator's prior approval.
  2. A copy of the final grade.
- K. Your hospital HR Dept and HCSD Human Resources Administration shall be informed of any changes in your school status.

V. Form

"Request for Tuition Exemption Form" (Attachment #1) must be completed in full with all required signatures. Incomplete forms will not be processed and may result in request being denied.

VI. Notification of Approval

HCSD Human Resources Administration will notify the employee by letter of approval for tuition exemption. The Hospital Administrator, the Human Resources Director and/or the Headquarters Division Director will receive a copy of the approval/notification letter addressed to the employee.

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VII. Exceptions

Exceptions to any part of this policy must be requested by the Hospital Administrator or Headquarters Office Division Director to HCSD Human Resources Administration for review and disposition on a case by case basis.

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**LSU – Health Care Services Division**  
**Hospital: \_\_\_\_\_**

**Employee Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Education Facility Attending:** \_\_\_\_\_ **Campus Location:** \_\_\_\_\_

**You are only allowed an exemption for six (6) semester hours for the Fall/Spring semesters and three (3) for the Summer semester. You must provide a copy of your final grade(s) at the end of the semester. Your hospital HR Dept and HCSD Human Resources Administration shall be informed of any changes in your school status.**

**Semester/Year:** Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ **\*\*Graduate** \_\_\_ Under graduate \_\_\_

**Program:** Evening \_\_\_ Day \_\_\_ Independent \_\_\_ On-Line \_\_\_\_\_

**Dates of Class (month/day/year) – Beginning:** \_\_\_/\_\_\_/\_\_\_ **Ending:** \_\_\_/\_\_\_/\_\_\_

**(1) Course Title:** \_\_\_\_\_ **Course #:** \_\_\_\_\_ **Hours:** \_\_\_\_\_ **Cost: \$** \_\_\_\_\_

**(2) Course Title:** \_\_\_\_\_ **Course #:** \_\_\_\_\_ **Hours:** \_\_\_\_\_ **Cost: \$** \_\_\_\_\_

**(3) Course Title:** \_\_\_\_\_ **Course #:** \_\_\_\_\_ **Hours:** \_\_\_\_\_ **Cost: \$** \_\_\_\_\_

**Explain Job Relevance or Value to Agency:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**                      **Date**

\_\_\_\_\_  
**Immediate Supervisor**                      **Date**

\_\_\_\_\_  
**Department Director**                      **Date**

\_\_\_\_\_  
**Human Resources Director**                      **Date**

**APPROVAL:**

\_\_\_\_\_  
**HCSD/HR Administrator**                      **Date**

**\*\*Note: For all Graduate classes, the tuition is considered taxable income.**

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