

**LSU HEALTH CARE SERVICES DIVISION
BATON ROUGE, LOUISIANA**

POLICY NUMBER: 4530-25

CATEGORY: Human Resources

CONTENT: Tuition Exemption

APPLICABILITY: This policy applies to classified and unclassified employees of the LSU Health Care Services Division Administration (HCSDA) and the Lallie Kemp Medical Center (LKMC) as specified in the content of the policy.

EFFECTIVE DATE:

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INQUIRIES TO: Human Resources Administration
LSU Health Care Services Division
Post Office Box 91308
Baton Rouge, Louisiana 70821-1308

Note: Approval signatures/titles are on the last page

**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](#) and LSUHSC CM-28.

The provisions of this policy do not apply to specialized, self-supported educational programs such as the Executive MBA Program.

Continuing education courses, also known as CE requirements are not covered under this policy.

Auditing and non-degree credit courses are not covered under this policy.

Shorter, more intense academic terms such as intersessions, are not covered under this policy.

Note: Any reference herein to Health Care Services Division (HCSD) also applies and pertains to Lallie Kemp Medical Center (LKMC).

II. ELIGIBILITY REQUIREMENTS

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.

On-line program course eligibility, fees and amount of discounts vary among the LSU System institutions. To obtain this information, employees should consult with the Chief Academic Officer on the campus in which they wish to take the course to determine eligibility prior to initiating the procedures to request tuition exemption.

HCSD has the discretion to approve or deny any attempts to retake a course where the employee has previously withdrawn or did not attain a satisfactory/passing grade.

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

III. IMPLEMENTATION

This policy or any subsequent revisions are effective upon approval and signature of the HCSD Chief Executive Officer or Designee.

IV. PROCEDURES

- A. A request for tuition exemption requires the prior approval of the HCSD Human Resources Administrator.
- B. Tuition exemption shall be applied for in accordance with the following conditions:
 - 1. The education or training is relevant to the employee's current position and duties as outlined in the current position description. Division/Department heads shall take a very restrictive approach towards determining the job-relatedness of courses.
 - 2. The course(s) is beneficial to the employee's advancement to a higher position to which he or she might logically progress within HCSD and the unit/career path.
 - 3. Should result in an employee's improved job performance
 - 4. Should provide a direct value and benefit to the HCSD in meeting its goals and mission.
 - 5. Course is provided by a campus of the LSU System
- C. 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.
- D. Employees approved for participation in the tuition exemption program may 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 may be granted for attendance at classes held on-site at a campus of the LSU System, plus reasonable travel time to and from classes, if the classes interrupt the scheduled workdays and/or hours.
 - 2. Educational Leave up to three (3) hours per week for on-line course(s) may be granted during the work hours, ONLY if approved by supervisor and granting of such leave does not impact work operations.
 - 3. 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](#).
- E. To continue to be eligible for tuition exemption, the employee must progress satisfactorily which means employee must complete course(s) with a passing grade.

- F. 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.
- G. 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.
- H. The tuition exemption shall only apply to the tuition assessed for registering for an undergraduate or graduate course at any Louisiana State University system campus.
- I. For all graduate classes, the tuition is considered taxable income.
- J. 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 HCSD Administration Office Division Director.
- K. 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.
- L. The LKMC HR Dept and HCSD Human Resources Administration shall be informed of any changes in your school status.
- M. If it is determined after registration that the employee has not met the eligibility requirements for the course, the employee will be required to drop the course(s) or pay the required tuition and fees.

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 requests being denied.

VI. NOTIFICATION OF APPROVAL

HCSD Human Resources Administration will notify the employee of approval for tuition exemption and forward tuition exemption approval to appropriate institution for processing. The Hospital Administrator, the Human Resources Director and/or the HCSD Administration Division Director will also receive a copy of the approval notification.

VII. EXCEPTIONS

The HCSD CEO or designee may waive, suspend, change or otherwise deviate from any provision of this policy deemed necessary to meet the needs of the agency as long as it does not violate the intent of this policy; state and/or federal laws; Civil Service Rules and Regulations; LSU Policies/Memoranda; or any other governing body regulations.

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

Hospital/HQ Division: _____ Job Title: _____

Employee Name: (Print) _____ Last 4 digits of SSN: _____

Student ID#: _____ Work Email: _____ Phone contact#: _____

Work Address: _____

Education Facility Attending: _____ Justification - Course(s) Relevance to Current Job: _____

You are only allowed an exemption for six (6) semester hours for the Fall/Spring semesters and three (3) hours 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___ On-Line___ Undergraduate___ *Graduate___

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

(1) Course Title: _____ Course #: _____ Days/Hours (if applicable): _____
Cost: _____(2) Course Title: _____ Course #: _____ Days/Hours (if applicable): _____
Cost: _____(3) Course Title: _____ Course #: _____ Days/Hours (if applicable): _____
Cost: _____***Note: For all Graduate classes, the tuition is considered taxable income.**

My signature below is attesting to the fact that I am in compliance with all eligibility requirements as specified in HCSD Policy #4530. If it is determined that I have not complied with these requirements, I will be required to drop the course(s) and pay the required tuition/fees. I hereby give my permission to release my final exam grade and/or grade for course(s) listed to my supervisor/HR Department.

Employee Signature

Date

Immediate Supervisor

Date

Department Director

Date

Hospital Human Resources Director

Date

APPROVALS:_____
HCSD Human Resources Administration

Date

HCSD Chief Operations Officer/Designee

Date


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