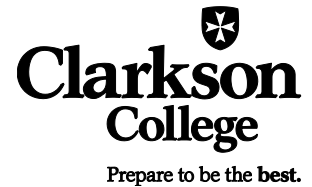


Clarkson Option Payment Plan — Employer Reimbursement (C.O.P.P.E.R.)

Authorization & Statement of Understanding for employees
of Nebraska Medicine



I am employed in the _____ department at Nebraska Medicine, where I qualify for the Tuition Reimbursement program. Therefore, I request a payment date extension for my tuition and fees for the term _____ year _____. **This form will not be accepted after the third week of classes.**

To participate in the C.O.P.P.E.R. program, I understand that I must, without exception, complete the steps below:

- Sign this Authorization and Statement of Understanding form, every semester, and obtain the appropriate signatures from a Nebraska Medicine Human Resources Representative.** The completed form can be faxed to (402) 552.2670, Emailed MyHR@nebraskamed.com or submitted through AskMyHR.
- Upon availability of my semester grades,** I must submit a completed Application for Tuition Assistance form (available through MyHR) along with a copy of my Clarkson College grades and a current semester tuition billing statement (available through Self-Service) to the Human Resources office at Nebraska Medicine by fax to (402) 552-2670, Email to MyHR@nebraskamed.com or through AskMyHR. This is to ensure that tuition reimbursement is submitted to Clarkson College by the next available pay period.
- Employees must be in good standing.** According to the HR12 Employment Status Policy, good standing is defined as: received an overall score of 1.91 or higher on the most recent organizational performance appraisal documented and have not had a second or final written corrective action, or suspension in the last 6 months.
- If total reimbursement for the calendar year does not cover the outstanding term balance:** (Total reimbursement left for the calendar year is a required field on the C.O.P.P.E.R form listed below and can be discussed with an HR representative.)
 - The reimbursement balance available within the calendar year may be carried throughout the end of the term until grades are available at Clarkson College, allowing time for processing. Any balance exceeding the tuition reimbursement balance will need to be paid by the term's tuition and fees due date or late fees and stops will be assessed accordingly.
 - If your tuition reimbursement has exceeded the total dollar amount allocated for the calendar year, this form will be denied. All tuition and fee charges will need to be paid at the term's tuition and fees due date or late fees and stops will be assessed accordingly.

I hereby authorize Nebraska Medicine to send my tuition reimbursement directly to Clarkson College. I understand that Clarkson College will apply the reimbursement directly to my student account to pay my tuition balance. If the reimbursement amount is more than the tuition balance, Clarkson College will refund the payment overage directly to me in the form of a check or electronic refund. If the reimbursement amount is less than the tuition balance, I agree to pay Clarkson College the difference in full **at the term's tuition and fees due date.** If for whatever reason, a balance occurs after the reimbursement is applied at the end of the term, I agree to pay the difference in full within two weeks of grades being issued.

If I fail to meet the qualifications or requirements of the Tuition Reimbursement program and a tuition balance remains on my account two weeks after the semester ends, I authorize Clarkson College to deduct the tuition balance from my payroll disbursements through Nebraska Medicine. The balance will be paid directly to Clarkson College through payroll deduct. Payroll deduction payments will be calculated based on FTE and hourly rate to ensure deductions do not reduce employee's net earnings below minimum wage.

All student and financial information are held in strict confidence, and it will be used by Clarkson College and Nebraska Medicine only to facilitate the payment of my tuition balance with Clarkson College and to verify that I have met the qualifications for Nebraska Medicine Tuition Reimbursement program. Clarkson College does not discriminate based on race, color, national origin, religion, sex, age or disability in admission, employment, or the provision of services.

I understand that the Clarkson College's Business Office must grant approval of this request and that the College reserves the right to refuse acceptance into this program for any reason.

I hereby certify that I have read this Authorization and Statement of Understanding, and I agree to abide by the terms set forth in this document. I also certify that I have received an exact copy of this document.

_____ STUDENT SIGNATURE	_____ DATE	
_____ STUDENT PRINTED NAME	_____ DEPARTMENT	_____ WORK EXTENSION
_____ HUMAN RESOURCES REPRESENTATIVE SIGNATURE	_____ NET TOTAL TUITION REIMBURSEMENT FOR CALENDAR YEAR	_____ DATE