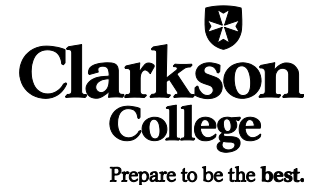


Clarkson Option Payment Plan — Employer Reimbursement (C.O.P.P.E.R.)

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 current term, summer 2020. **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:

1. **Sign this Authorization and Statement of Understanding form.** every semester, and obtain the appropriate signatures from the Nebraska Medicine human resources department. Submit the completed form to the Clarkson College Student Accounts department prior to the start of the semester.
2. **Upon availability of my spring 2020 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 tuition billing statement (available through Self-Service) to the Human Resources office at Nebraska Medicine to ensure that tuition reimbursement is submitted to Clarkson College by the next available pay period.
3. **Employees must be in good standing.** According to the HR 12 Employment Status Policy, good standing is defined as: received an overall score of 1.91 or higher on the most recent organizational performance appraisal and have not had a second or final written corrective action, or suspension in the last 6 months.
4. **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 your HR representative.)
 - a. 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 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.
 - b. If your tuition reimbursement has exceeded the total dollar amount allocated for the calendar year, this form will be denied. All tuition and fees 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 check 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 refund check or electronic refund if enrolled. 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 deduction in four equal deductions through four consecutive pay periods.

I understand that the Clarkson College Student Accounts department must grant approval of this request and that the College reserves the right to refuse acceptance into this program for any reason.

All student and financial information is 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 the Nebraska Medicine Tuition Reimbursement program. Clarkson College does not discriminate on the basis of race, color, national origin, religion, sex, age or disability in admission, employment or the provision of services.

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

WORK EXTENSION

If you have any questions, please contact Student Accounts Department at Clarkson College.

PH 800.647.5500 EMAIL Studentaccounts@clarksoncollege.edu