



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE COMMISSIONER

BUREAU OF HUMAN RESOURCE MANAGEMENT

Jeffrey A. Meyers
Commissioner

Marilyn G. Doe
Director

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January 9, 2018

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, to enter into an educational tuition agreement and to pay said costs in an amount of \$1,500.00 as follows:

Institution: College for America at Southern New Hampshire University,
2500 North River Road
Manchester, NH 03106

Course Title(s): 24 Completed Projects in the CfA Applied Associates, Business Program

Course Date(s): Begin: 03/01/2018
End: 08/31/2018

Employee: Robin Young

Funding Source: 05-95-95-953010-56770000-066-500544

Total Cost of Course(s): \$1,500.00

State Share: \$1,500.00

Source of Funds: Employee Training, 100% General

EXPLANATION

The Department of Health and Human Services encourages and supports employees who wish to further their professional growth through continuing education in disciplines that are mutually advantageous. College for America at Southern New Hampshire University has partnered with the State of New Hampshire to provide state employees with low-cost, competency-based associate and bachelor degree programs.

This program, offered by College for America, entitled, Applied Associates - Business Concentration, enhances student job skills through mastery of competencies with career-specific goals. The student is expected to complete 24 competency-based projects during a six-month semester. Each goal is matched with a specific course offered by Southern New Hampshire University, creating a very comprehensive program. The competency-based projects allow working adults to complete college degrees through practical, skill-based school work.

The student will demonstrate mastery in competency areas through the following project areas: Business Essentials, Communication Skills, Critical and Creative Thinking, Teamwork and Collaboration, Personal Effectiveness and Ethics and Social Responsibility. These projects will provide the employee with real life experience through situations geared toward her current business practices and job expectations.

This employee has worked for the Department for five years and is currently an Accountant II in the Office of Business Operations. The skills mastered in this program will benefit her office by increasing her business management skills to become more proficient in managing her work load to provide exemplary customer service. Successful completion of the program will add to the overall strength of the Department to perform its mission to the residents of New Hampshire. This course will not be taken on State time.

Attached is a fully executed Tuition Agreement for your review.

Respectfully submitted,



Approved by: Jeffrey A. Meyers
Commissioner



THE STATE OF NEW HAMPSHIRE
EDUCATIONAL TUITION AGREEMENT

Agreement dated this 8th day of January, 2018 by and through the Department of Health and Human Services (hereinafter referred to as the "State) and Robin Young (hereinafter referred to as the "Recipient"). The State and the Recipient do hereby mutually agree as follows:

- 1. The State shall pay to the named institution the sum of \$1,500.00, which monies shall be used for the purpose of enrolling the Recipient in: (Cfa Applied Associates, Business Program), which course(s) is being offered by College for America/Southern NH University and which course(s) shall commence on March 1, 2018 and terminate on August 31, 2018.
2. The Recipient shall complete and achieve a passing grade in each course named in paragraph 1.
3. Should the Recipient fail to complete or achieve a passing grade in each course named in paragraph 1, the Recipient shall pay to the State the sum set forth in paragraph 1, provided, however, that if more than one course is named in paragraph 1, the amount which shall be paid to the State shall be calculated on a pro rata basis.
4. Upon the satisfactory completion of the courses named in paragraph 1, the Recipient shall continue in the employ of the State in his/her current position (or in such other position, at equal or greater compensation, to which he/she may be assigned) for a period of six (6) months.
5. The Recipient shall work in any area of the State to which he/she may be assigned, provided that such assignment will not constitute a severe hardship to said Recipient.
6. Should the Recipient breach any of the conditions set forth in paragraphs 4 and 5, the Recipient shall pay to the State a sum equal to all monies previously paid by the State for the Recipient pursuant to the Agreement, provided, however, that the Recipient shall receive a credit for each month in which he/she is employed by the State subsequent to the date upon which the named course(s) are satisfactorily completed, the value of said credit to be calculated on a pro rata basis.
7. The Recipient shall not raise any setoff or counterclaim against the State in any action brought by the State to collect any amount due under this agreement.
8. Should any amount be found to be due the State in any action brought against the Recipient pursuant to this Agreement, the State shall, in addition to said amount, be entitled to an award of costs and a reasonable amount in "attorney" fees.

IN WITNESS WHEREOF the representatives of the State, in his/her official capacity only, and without personal liability, and the Recipient, have hereunto set their hands on the date first above written.

RECIPIENT

(signature) Robin Young
(printed name) Robin Young

THE STATE OF NEW HAMPSHIRE

(signature) Stephanie A. Carpenter
(printed name, title) Stephanie A. Carpenter, Notary Public
Commissioner

STEPHANIE A. CARPENTER, Notary Public
State of New Hampshire
My Commission Expires August 5, 2020

State of New Hampshire, County of Merrimack

On this the 8 day of January 18, before me, Stephanie Carpenter, the undersigned officer, personally appeared, Robin Young (recipient) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes herein contained.

In witness whereof I hereunto set my hand and official seal.

[Signature]
Notary Public/Justice of the Peace