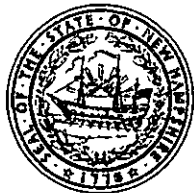


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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE COMMISSIONER
BUREAU OF HUMAN RESOURCE MANAGEMENT

Jeffrey A. Meyers
Commissioner

Marilyn G. Doe
Director

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9344 1-800-852-3345 Ext. 9344
Fax: 603-271-4810 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

July 18, 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 \$1,575.00 as follows:

Institution:	Plymouth State University 17 High Street Plymouth, NH 03264
Course Title(s):	Foundations of Accounting and Finance
Course Date(s):	Begin: 08/27/2018 End: 10/19/2018
Employee:	Heather Moquin
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$1,575.00
State Share:	\$1,575.00
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.

Ms. Moquin has been employed with the State of New Hampshire, Department of Health and Human Services since March 2018. She is currently the Chief Operating Officer for New Hampshire Hospital. Her job duties involve administrative supervision of the psychology department, executive assistant staff, the rehabilitation department, and office of patient experience. In addition to supervision of these departments she is responsible for budget planning with presentation to our Chief Financial Officer as well as ongoing review of any requests for additional resources. Within her role as a member of the executive leadership team she is currently part of the task force engaged in preparedness for the hospital's joint commission review as well as various quality initiatives.

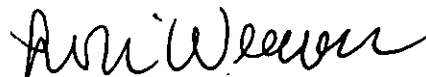
The course, Foundations of Accounting and Finance, is the first in Ms. Moquin's Master's in Business Administration curriculum and focuses on understanding the accounting cycle and interpreting financial statements which are essential skills in assessing viability of projects and making investment decisions within the organization. This course relates to her current job due to the process of budget development and oversight. The class will enhance Ms. Moquin's skill level in the review of financial reports and benefit NHH and DHHS by her improved ability to process financial information and utilize critical thinking in making decisions about projects and the financial impacts these decisions may make on the department.

Achieving a Master's Degree in Business Administration is generally considered the foundation by which administrative or executive level professionals are able to enhance skills that they bring to any organization. This degree not only enhances expertise in business matters, but also provides higher level instruction in leadership and quality improvement endeavors. 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,



Lori Weaver
Associate Commissioner, Operations

Approved by:

for



Jeffrey A. Meyers
Commissioner



THE STATE OF NEW HAMPSHIRE
EDUCATIONAL TUITION AGREEMENT

Agreement dated this 17th day of July 2018 by and through the Department of Health and Human Services (hereinafter referred to as the "State) and Heather Moquin (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 1575.00, which monies shall be used for the purpose of enrolling the Recipient in: Foundations of Accounting and Finance (course name), which course(s) is being offered by Plymouth State University and which course(s) shall commence on August 27, 2018 and terminate on October 19, 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.

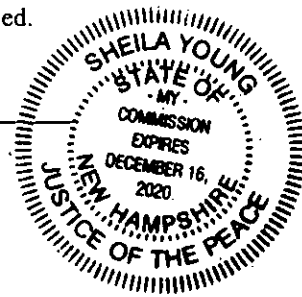
IN WITNESS WHEREOF the representatives of the State, in his/her official capacity only, and without personal liability, and the Recipient, have hereunto set their hands on the date first above written.

RECIPIENT (signature) Heather Moquin (printed name) Heather Moquin

NOTARY State of New Hampshire, County of Merrimack :

On this the 17th day of July, 2018, before me, Sheila Young, the undersigned officer, personally appeared, Heather Moquin (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. Sheila Young Notary Public/Justice of the Peace



THE STATE OF NEW HAMPSHIRE (signature) Lori Weaver (date) 7.23.18 (printed name, title) Lori Weaver Associate Commissioner