



Jeffrey A. Meyers
Commissioner

Eric D. Borrin
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF BUSINESS OPERATIONS
BUREAU OF CONTRACTS & PROCUREMENT

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9558 1-800-852-3345 Ext. 9558
Fax: 603-271-8431 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

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August 31, 2016

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

For consideration on the Consent Calendar, 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,
1230 Elm Street
Manchester, NH 03101

Course Title(s): 24 Completed Projects in the CfA Bachelor of Arts, Management - Public Administration Program

Course Date(s): Begin: 11/01/2016
End: 04/30/2017

Employee: Philip Burt

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

Total Cost of Course: \$1,500.00

State Share: \$1,500.00

Source of Funds: Employee Training

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, Bachelor of Arts in Management - Public Administration 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 and managerial accounting, cultural competency, human resources engagement, marketing, business operations management, mathematical problem solving, negotiations, policy ethics, and public administration. These projects will provide the employee with real life experience through situations geared toward his current supervisory and management practices and job expectations.

The employee has been employed by the Department for sixteen years, currently as a Supervisor III in the Division of Client Services. This course of study will benefit the department by increasing his managerial skills to become a more proficient supervisor to better manage staff and to better meet agency objectives and goals and 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 25th day of August 2016 by and through the Department of Administrative Services (hereinafter referred to as the "State) and Phillip Burt (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 1500, which monies shall be used for the purpose of enrolling the Recipient in: Bachelors of Arts (course name), which course(s) is being offered by college for America and which course(s) shall commence on 11/01/2016 and terminate on 4/30/2017.
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 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.

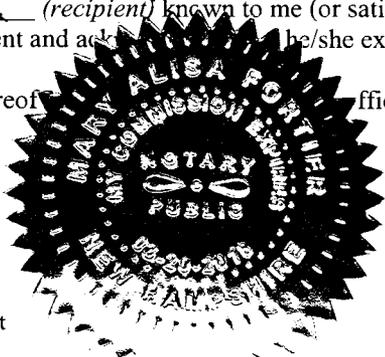
RECIPIENT
(signature) [Handwritten Signature]
(printed name) Phillip Burt

THE STATE OF NEW HAMPSHIRE
(signature) [Handwritten Signature]
(printed name, title) _____

State of New Hampshire, County of Merrimack;

On this the 29th day of August, 2016, before me, Mary Ellen Fortin, the undersigned officer, personally appeared, Phillip Burt (recipient) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same for the purposes herein contained.

In witness whereof _____ official seal.



Mary Ellen Fortin
Notary Public/Justice of the Peace
Merrimack City, New Hampshire
Commission exp. 3/20/2018

Department of Health and Human Services
Employee Training and Development
Tuition Assistance Approval

BHR-ODTS Approval

Applicant Name Philip Burt

Course Name Bachelor of Arts - Management

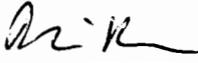
Institution Name: College for America

All required documentation has been submitted

Funding is approved for \$ 1500 Tuition

Appropriation Code: 05-95-95-953010-56770000-066-500544

Date: 8/31/16

ODTS Administrator or Manager Signature: 

ODTS Administrator or Manager Name: Neil Brown

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