

for

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**The State of New Hampshire
Insurance Department**

21 South Fruit Street, Suite 14
Concord, NH 03301
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TDD Access: Relay NH 1-800-735-2964

**Christopher R. Nicolopoulos
Commissioner**

October 1, 2020

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

REQUESTED ACTION

The New Hampshire Insurance Department requests authorization to enter into an Educational Tuition Agreement and to pay costs not to exceed \$999.00.

INSTITUTION: College for America at Southern New Hampshire University

COURSES TITLES: **Defending and Communicating a Brand**
COM-30093: Craft Messages for Projects
COM-30114: Mission-Aligned Communications
COM-20118: Best Practices for Brand

Organizational Behavior
HRM-20141: Select and Retain Employees
HRM-30142: HR Management Interventions
HRM-20143: Employee Development Plans

2 Completed Competencies
November 2, 2020 – February 21, 2021

EMPLOYEE: Karen Belair
Business Operations & Project Assistant

DISTRIBUTION CODE: Funds to be encumbered from the following
account:
02-24-24-24010-25200000-066-500544
Employee Training / Educational Training (Tuition)

TOTAL TUITION COST: \$999.00

STATE SHARE: \$999.00 - Agency Income

SOURCE OF FUNDS: Insurance Department Administrative Assessment


EXPLANATION

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. The employee is required to complete competency based projects to earn a Bachelor's Degree.

This employee was hired by the Department as a Program Assistant II on March 29, 2019. The employee will be pursuing a Bachelor of Arts in Management, with a concentration in Public Administration. Further development of the employee's communication skills and knowledge of management practices will build upon the employee's competency with respect to developing internal procedures to facilitate workflow for each program and preparing contracts to comply with state requirements. Successful completion of the program will add to the overall strength of the Department to perform its mission to the residents of New Hampshire.

The employee will be completing projects on her own personal time. A fully executed tuition agreement is attached.

Respectfully submitted,


Christopher Nicolopoulos, Esq.
Commissioner



STATE OF NEW HAMPSHIRE

EDUCATIONAL TUITION AGREEMENT

COLLEGE FOR AMERICA

AGREEMENT dated this 1st day of October 2020 by and through the New Hampshire Insurance Department (hereinafter referred to as the "State") and, Karen Belair (hereinafter referred to as the "Recipient")

The State and the Recipient do hereby mutually agree as follows:

1. The State shall pay "per approval by Governor and Council" to the College for America the sum \$999.00 which monies shall be used for the sole purpose of enrolling the Recipient in a program for 20 competencies to be earned within a 4 (four) month term being offered by College for America. The 4 month term shall commence on November 2, 2020 and will terminate on February 21, 2021
2. The Recipient shall complete assigned projects in the 4 month term listed in paragraph 1.
3. Recipients enrolled in College for America shall provide documentation supporting projects completed per 4 month term.
4. Should the Recipient fail to complete any project during the 4 month term in paragraph 1, the Recipient shall pay to the State the sum set forth in paragraph 1, within 60 days from the date the term was to terminate, provided, however, that if more than one project was completed during the 4 month term, listed in paragraph 1, the amount which shall be paid to the State shall be calculated on a pro rata basis.
5. Upon the satisfactory completion of the 4 month term 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 the period of twelve (12) months.
6. Should the Recipient breach any of the conditions set forth in paragraphs 3 and 4, the Recipient shall pay to the State a sum equal to all monies previously paid by the State for the Recipient pursuant to this 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.

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 hand on the date first above written.

RECIPIENT

THE STATE OF NEW HAMPSHIRE

Karen Belair

Karen Belair

BY: [Signature]

Christopher Nicolopoulos, Esq.
Commissioner

STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

On this the 6 day of, October, 2020,
before me, Sarah Prescott, the undersigned officer,
personally appeared, Karen Belair, known to me (or
satisfactorily proven) to be the person whose name is subscribed to the within instrument and
acknowledged that she/he executed the same for the purposes herein contained.

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

[Signature]

(Signature of notarial officer)

(Seal if any)

Justice of the Peace, State of New Hampshire

My commission expires SARAH K. PRESCOTT, Notary Public
My Commission Expires May 20, 2025