



**IGHSPN Student Financial Services**

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Rochester, NY 14621

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**Isabella Graham Hart School of Practical Nursing  
Employer Reimbursement Deferment Plan (ERDP)**

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Application for 2019-20 Payment Deferment  
(use a separate application for each term)

**Financial Term** for which payment deferment is requested: Term \_\_\_\_ (enter 1, 2, or 3)

Dates of this Term from Student Account Record: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Information**

Printed Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

**Employer Verification**

I verify that the above-named employee has completed her/his application for this organization's tuition reimbursement employee benefit for the IGHSPN financial term indicated above. I have reviewed her/his IGHSPN Student Account Record and employment status and based on that information s/he appears eligible for a reimbursement after s/he provides me with documentation that s/he successfully completed the term. This information is accurate as of today's date; I cannot guarantee that the employee will maintain her/his current employment status and still be eligible for this reimbursement amount at the end of the term.

**Employee is currently eligible for reimbursement of \$\_\_\_\_\_.**

Signature of Employer's Authorized Representative \_\_\_\_\_

Representative's Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Company Name \_\_\_\_\_ Date: \_\_\_\_\_