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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

November 8, 2017

His Excellency, Governor Christopher T. Sununu
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 \$2000.00 as follows:

Institution:	University of Massachusetts - Boston 100 Morrissey Blvd. Boston, MA 02125
Course Title(s):	GERON 612 - Healthy Aging Perspectives GERON 660 – Organization and Financing of Aging Services
Course Date(s):	Begin: 1/22/2018 End: 5/9/2018
Employee:	Tabitha Coykendall
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$3450.00
State Share:	\$2000.00
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.

Tabitha Coykendall is currently a Program Specialist II (Admissions/ Discharge Coordinator and Social Service Supervisor) at Glencliff Home. She has worked at Glencliff Home for over 10 years and over 5 years in this role. These courses will be beneficial as she works to assist residents who wish to return to community settings of their choice and achieve other health related goals.

Accessing the necessary supports and services needed in the community to ensure successful alternative placements for Glencliff residents has been an incredible challenge. These courses will be helpful to learn additional ways to navigate the current long term care system and be able to assist both residents and co-workers as the system continues to evolve.

These courses are part of the Master of Science in Gerontology – Management of Aging Services through the University of Massachusetts/ Boston – Gerontology Institute. Tabitha is pursuing this graduate degree as the program will provide the additional education, resources and tools to continue to develop and enhance programs that will assist elderly and disabled New Hampshire residents achieve their independent goals.

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 6th day of November 2017 by and through the Department of Health and Human Services (hereinafter referred to as the "State) and Tabitha J. Coykendall (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 \$2,000, which monies shall be used for the purpose of enrolling the Recipient in: GERON 612 - Healthy Aging Perspectives and GERON 660 - Organization and Financing in Aging Services (course name), which course(s) is being offered by University of Massachusetts - Boston and which course(s) shall commence on January 22, 2018 and terminate on May 9, 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) [Handwritten signature of Tabitha J. Coykendall]
(printed name) Tabitha J. Coykendall

THE STATE OF NEW HAMPSHIRE

(signature) [Handwritten signature]
(printed name, title) _____

State of New Hampshire, County of Grafton _____ ;

On this the 6th day of November, 2017, before me, Dawn Horton, the undersigned officer, personally appeared, Tabitha J. Coykendall (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.



[Handwritten signature of Dawn Horton]
Notary Public/Justice of the Peace