



Lori A. Weaver
Commissioner

Morissa S. Henn
Deputy Commissioner

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

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March 27, 2024

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 \$891.00 as follows:

Institution:	Southern New Hampshire University PO Box 55008 Boston, MA 02205-5008
Course Title(s):	Applied Social Sciences
Course Date(s):	Begin: 05/06/2024 End: 06/30/2024
Employee:	Shaun Runyon
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$891.00
State Share:	\$891.00
Source of Funds:	Employee Training, 20% Federal, 80% General

EXPLANATION

This education will benefit the Department of Health and Human Services (DHHS) and Shaun Runyon by improving the overall efficiency of the employee's work. Shaun will develop the skills to assist with issues that require a higher level of expertise in developing Scriptlink code for electronic health record systems that is currently being done through a third-party vendor, eventually reducing those added costs to the State.

This course, *Applied Social Sciences*, explores the relationship factors when deciding to invest time and resources into investigating a problem. Shaun will learn to communicate effectively to specific audiences in examining fundamental aspects of human behavior. This employee will develop an awareness of the principles of social sciences in addressing critical questions related to human behavior. Completing this course is also part of Shaun's longer-term goal of obtaining a Bachelor's degree in Information Technology.

Shaun Runyon has been employed by the Department of Health and Human Services for ten (10) years, two (2) years in the current position of 15-1250 Developer and Programmer-2 with the Information Systems Department at New Hampshire Hospital. This employee is tasked with several ongoing projects to improve the electronic health record by ensuring the data required is captured accurately, while at the same time developing ways to reduce the amount of time the clinical staff spend on documentation.

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. Successful completion of the courses will add to the overall strength of the Department to perform its mission for 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 A. Weaver
Commissioner



THE STATE OF NEW HAMPSHIRE
EDUCATIONAL TUITION AGREEMENT

Agreement dated this 6th day of March 2024 by and through the Department of Health and Human Services (hereinafter referred to as the "State") and Shawn Remyon (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 \$891.00, which monies shall be used for the purpose of enrolling the Recipient in: Applied Social Sciences (course name), which course(s) is being offered by Southern New Hampshire University and which course(s) shall commence on May 6th 2024 and terminate on June 30th 2024.
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 herunto set their hands on the date first above written.

RECIPIENT

(signature)

[Signature]

(printed name)

Shawn Remyon

NOTARY

State of New Hampshire, County of Belknap:

On this the 6th day of March, 2024, before me, Erik Steuer, the undersigned officer, personally appeared, Shawn Remyon (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.

[Signature]
Notary Public/Justice of the Peace

THE STATE OF NEW HAMPSHIRE

(signature)

[Signature]

(date)

3/14/2024

(printed name title)

Ann Landry, Associate Commissioner

Educational Tuition Agreement, DHHS Form March 2018.docx

