



Education Assistance

Employee Name: _____ Employee # _____

Date of Hire: _____ Date of Application: _____

Department: _____ Extension: _____

I request approval to take the following course(s) under the Education Assistance Program:

Course/Seminar/Class	Undergraduate, Graduate or Continuing Education (circle one)	Credit Hours	Start Date	End Date	Required for Degree? (circle one)	
					Yes	No
	U G CE				Yes	No
	U G CE				Yes	No
	U G CE				Yes	No

College/University/Training Provider: _____

Degree: _____

Degree Program? Yes No Completion Date: _____

Schedule _____

Are you receiving financial aid from any source for this course (VA, scholarships, grants, etc.)? Yes No

If yes, Amount _____ Total Cost \$ _____

Briefly describe how this course is applicable to your job responsibilities: _____

I understand that I must pay the cost of tuition and fees in advance, and upon successful completion of the course(s), the company will reimburse me at the appropriate rate as outlined in the policy. I understand that I must furnish a grade report and receipts of expenses before reimbursement will be made. I also understand that if I leave the company within 12 months of reimbursement, I may be required to repay any amount received. I also understand that I may not receive reimbursement for up to 4-6 weeks due to payroll processing cycles.

Employee Signature: _____ Date: _____

Manager Approval: _____ Date: _____

HR Approval: _____ Date: _____