

Tuition Reimbursement Application

This document must be completed for each course.

Station:	Last Name:	First Name:
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Job Title:	Date of Hire:
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Course Title:	Course Start and End Dates:
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Name and Address of Institution/Training Site:	Direct Costs (attach documentation)
	Tuition expenses \$
	Other expenses \$
	Total: \$

Justification – Describe how the course directly relates to your current job responsibilities. How will you benefit in this position from this course? How will the Company benefit from your completing the course?

Course Description – Please attach any registration/course descriptions.

Have you received a tuition reimbursement benefit in the past? Yes No
If yes, please describe.

I have read and understand the "Reimbursement of Tuition Expenses for Full Time Employees" policy in the Employee Handbook and I agree to abide by the rules and procedures described. I have read and signed the Tuition Reimbursement Contract and agree to its terms and conditions.

Employee Signature Date

Approvals:

Department Head Signature Date

General Manager Signature Date

Accounting Manager Signature (for budget allocation purposes) Date

Group Manager Signature Date

Business Office Use:

Date Tuition Reimbursement Paid _____ Amount \$ _____ Grade Received _____

TUITION REIMBURSEMENT CONTRACT

I understand that the Company may agree to pay tuition expenses for full-time employees who request reimbursement for courses which pertain to their particular position with the Company.

If my Tuition Reimbursement Application is approved, the Company will reimburse the employee for 100% of the tuition if a grade of "A" is received, 90% for "B", and 80% for "C". No reimbursement will be made for books or room and board. I understand that I am responsible for providing the appropriate documentation regarding the tuition expense and grade received for the course.

It is further understood that if I am reimbursed for tuition courses and leave the Company's employ within twenty-four (24) months of the last day of the course, either because I resign or I am terminated, I agree to pay back the amount of reimbursement to the Company.

If I leave the Company for any reason within said 24-month period, I agree that the Company may deduct the amount of the reimbursement, or any portion owed thereof, from any remaining pay that may be due me at the time of my separation from the Company.

Employee Signature

Date

Department Head Signature

Date

General Manager Signature

Date