## **Tuition Reimbursement Eligibility Approval Form**

Complete the information below and include any supporting documentation regarding the content of the courses to be taken. Form must be completed and approved prior to class registration.

| Team Member Nai                      | me & TMID:  |           |           |                 |             |                  |  |  |
|--------------------------------------|---|-----------|-----------|-----------------|-------------|------------------|--|--|
| Job Title:                           |   |           |           | Department:     |             |                  |  |  |
| Date of Hire:                        |   |           |           |                 |             |                  |  |  |
| Employment Status: (Check one)       |   | Full-ti   | me        | Part-time       | On Call     |                  |  |  |
| Applicant's declare                  | ed major of study (if ap                            | plicable) | :         |                 |             |                  |  |  |
| Full Name of Educa                   | ational Institution:                                |           |           |                 |             |                  |  |  |
| Working toward a degree? (Check One) |   | YES       | NO        |                 |             |                  |  |  |
| Describe purpose of                  | of taking course(s):                                |           |           |                 |             |                  |  |  |
|                                      |   |           |           |                 |             |                  |  |  |
|                                      |   |           |           |                 |             |                  |  |  |
| Course Title                         | Credit Hour   |           | Tuitior   | ı Cost          | Start Date: | End Date:        |  |  |
|                                      |   |           |           |                 |             |                  |  |  |
|                                      |   |           |           |                 |             |                  |  |  |
|                                      |   |           |           |                 |             |                  |  |  |
| Please refer to the                  | policy for details on eli                           | gible exp | enses and | grade criteria. |             |                  |  |  |
|                                      | rminated with the Com<br>pany in full for tuition ( |           |           |                 |             | ment, I agree to |  |  |
| Team Member Sign                     | nature  |           |           |                 |             | Date             |  |  |

## 

If declined, date the team member was informed:

## **Tuition Reimbursement Payment Form**

Team Members that have been approved for Tuition Reimbursement are required to complete the Tuition Reimbursement Payment Form and copies of transcripts outlining final grades within 30 days from the end date of the course. Please complete the information below and attach supplemental documentation.

| Team Member Name & TMID:  |   |                         |                      |                          |  |  |
|---|---|-------------------------|----------------------|--------------------------|--|--|
| Job Title:  |   | Department:             | _Department:         |                          |  |  |
| Department Manager Name:  |   |                         |                      |                          |  |  |
| Employment Status: (Circle one)   | Full-time   | Part-time               | On Ca                | all                      |  |  |
| Tuition Reimbursement Payment Tern Final grade must be equivalent to an "A  For a grade of "A" – 100% of rei  For a grade of "B" – 80% of rei  For a grade of "C" – 50% of rei  For a grade of below "C" – 0% i  If the approved course is pass/  No reimbursement will be mad  Team Member does not comp | ", "B", "C", "Pass" o<br>eimbursable costs<br>mbursable costs<br>mbursable costs<br>reimbursement<br>(fail, 75% of reimbur<br>de for a grade of "D' | rsable costs will be pa | aid for <sub>l</sub> |                          |  |  |
| Course Title  | Tuition Cost  | Final Gr                | ade                  | Eligible Reimbursement   |  |  |
| Example: Math 101   | <u>\$2,000</u>  | <u>B</u>                | _                    | \$1,600 (\$2,000 x 80% = |  |  |
|   |   |                         | -                    |                          |  |  |
| Total tuition amount or fee requested (Sum of all Calculated Reimbursements from ab   |   |                         | _                    | Example: \$1,600.00      |  |  |
| I understand that, if employment is tern<br>reimbursement, I agree to reimburse th<br>Company.  |   |                         | -                    |                          |  |  |
| Team Member Signature   |   |                         |                      | Date                     |  |  |

Note: The final reimbursement will be determined by a review of eligible expenses, final grades, and annual policy maximums. See policy for details.