

## EDUCATIONAL ASSISTANCE APPROVAL & REIMBURSEMENT FORM

Name:		
College/University Attending:		
Semester/Quarter Attending:		
Other Education Provider Attending:		
First Date of Class://	Last Date of Class:	//
Courses*:		
	uition Requested on this	
Total Tuition Assistance for this Calendar	r Year (Including this Request	): \$ Annual maximum \$1,500.00*
I understand that if I voluntarily terminate be required to pay back all monies reimburs previous 12-month period. I authorize Azin all appropriate withholding taxes, from my Should the final paycheck(s) be insufficient 30 days after the effective date of terminat	sed to me for education ass nuth to deduct the amount final paycheck, including f , I agree to pay the balance	istance within the thus derived, inclusive of inal paid leave pay out.
Employee signature	Date	
Supervisor Approval	Date	

- > APPROVAL IS REQUIRED PRIOR TO REGISTRATION.
- AFTER COURSE COMPLETION, RETURN ALL RECEIPTS OF PAYMENT ALONG WITH YOUR GRADE REPORT WITH A GRADE OF "C" OR ABOVE TO HUMAN RESOURCES TO INITIATE PAYMENT.

COURSES SELECTED MUST RELATE TO THE NATURE OF YOUR JOB RESPONSIBILITIES, OR TO THE MISSION OF YOUR UNIT, EITHER DIRECTLY OR AS AN APPROVED DEGREE REQUISITE. ANNUAL MAXIMUM REIMBURSEMENT AMOUNTS ARE \$1,500/YEAR FOR COURSES IN A DEGREED PROGRAM, AND \$1,500/YEAR FOR ALL OTHER COURSES OR SEMINARS.