**Submission for Employee Educational Assistance**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: No reimbursement will be rendered until all receipts and certificates are presented. Fourcast will reimburse in accordance with the conditions and percentage stated in the policies and procedures. Please attach a copy of your course description.

**PART 1:** Complete Part 1 of the form and return it to Human Resources. All requests for educational assistance will be forwarded to a Program Manager for approval. Employees will be notified if their request has been approved/not approved.

|  |  |
| --- | --- |
| Name of the Course: |  |
| Date(s) of the course: |  |
| Institution/ Organization offering the course: |  |
| Tuition cost: |  |
| Please describe the proposed benefits resulting from your continued education as they relate to your position. |  |

**Submission for Employee Educational Assistance continued**

Please provide us with any additional comments you may have regarding this request

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|  |

I understand and have reviewed the policy for Employee Educational Assistance Program

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*To be complete by Program Managers or Human Resources**

|  |  |
| --- | --- |
| Financial Cost: | (Tuition) X 30%  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X 30% = |
| Approved/Not Approved (if not approved please explain why |  |
| Date |  |
| Program Managers Signature: |  |

**Submission for Employee Educational Assistance continued**

**PART 2: Course Reimbursement**

Upon successful completion of a course, complete this section and return to Human Resources. Make sure that all receipts and certificates are attached.

|  |  |
| --- | --- |
| Name of Course: |  |
| Tuition fee | (Tuition) X 30%  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_X 30% = |
| Receipts and certificates attached | YES NO |
| Employee Signature: |  |
| Date: |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be complete by Program Managers or Human Resources**

|  |  |
| --- | --- |
| Amount approved for reimbursement |  |
| Request sent to Finance: | YES NO |
| Signature |  |
| Date: |  |