

Education Assistance Reimbursement Request

Employee Name: _____ Address Book #: _____

Job Title: _____ Hire Date: _____

Department Name: _____ Department #: _____ Phone #: _____

Academic Program of Study: _____

College/University Offer Course: _____

Name of Course: _____

Designation Exam Date (CIA, CMA, or CPA): _____

Date Course Begins: _____ Date Course Ends: _____

Tuition Cost: _____ Veteran's Allowance Amount: _____

How is the course job related? _____

I understand that reimbursement for an approved course will be for tuition only and according to the following schedule up to a maximum of \$500.00 (\$3,000 Undergraduate / \$3,500 Graduate in a calendar year): **not to exceed maximum allowed.**

Grade A	=	100% of tuition
Grade B	=	85% of tuition
Grade C	=	75% of tuition

* Any grade that is below a "C" or is a "Fail" on a "Pass/Fail" system will be reimbursed at 0%.

I further understand and agree to the following terms of repayment if I were to voluntarily terminate my employment:

Education Assistance Per Calendar Year Received is less than \$3000.00:

If I voluntarily terminate my employment within 12 months of issue date of the reimbursement check for less than \$3000.00, I will reimburse the Company a pro-rated amount based on my length of service after the date of the reimbursement check. I agree to submit the reimbursement to the Company no later than 30 days after my termination date, and hereby authorize the Company to deduct said sum from any monies owed by the Company to me. The pro-rated amount is as follows:

<u>Length of service after the check is issued:</u>	<u>Reimbursement Amount:</u>
0 – 3 months	100% of tuition
4 – 6 months	75% of tuition
7 – 9 months	50% of tuition
10 – 12 months	25% of tuition

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Education Assistance Per Calendar Year Received is \$3000.00 or above:

If I voluntarily terminate my employment within 24 months of the issue date of the reimbursement check for \$3000.00 or above, I will reimburse the company a pro-rated amount based on my length of service after the date of the reimbursement check. I agree to submit the reimbursement to the Company no later than 30 days after my termination date, and hereby authorize the Company to deduct said sum from any monies owed by the Company to me. The pro-rated amount is as follows:

<u>Length of service after the check is issued:</u>	<u>Reimbursement Amount:</u>
0 – 6 months	100% of tuition
5 – 12 months	75% of tuition
13 – 18 months	50% of tuition
19 – 24 months	25% of tuition

Employee Signature: _____ Date: _____

First Level Manager: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Second Level Manager: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Human Resources: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
If not approved, indicate reason: _____			

PLEASE RETURN TO ROLLINS SUPPORT CENTER – BENEFITS DEPARTMENT