

# ***Application for Educational Assistance***

**Instructions:** Please complete this form and submit it first to your Manager prior to beginning your coursework. Your Manager will forward the form to your HR Business Partner. A course will not be approved until the Manager and HR have signed the form. If this form is submitted after the course start date, no reimbursement will be paid out.

Division/Location: \_\_\_\_\_ Department: \_\_\_\_\_

Name of School/Educational Institution: \_\_\_\_\_

Address of School: \_\_\_\_\_

Location of Course(s) \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Date and Time Course(s) to Begin: \_\_\_\_\_

Date and Time Course(s) to End: \_\_\_\_\_

Please state the relevance of your course(s) to your present position with Inframark, or if the course(s) is/are requirements for the completion of a degree.

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Please list courses, number of credit hours and cost/fees per course (may attach this information if pre-printed). Attach a copy of the course description(s).

COURSE	CREDIT HOURS	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____
LAB FEE List Course(s)		
_____		_____
_____		_____

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I certify that the above information is correct and understand that any education reimbursement is subject to the submission of documentary proof of the successful completion of the above courses(s) in accordance with this Policy. I understand that I must obtain a satisfactory grade of "C" or better in accordance with the Program in order to qualify for reimbursement.

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

Employee's Name (Print): \_\_\_\_\_

## **DIVISION APPROVAL**

Supervisor: \_\_\_\_\_

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

Manager: \_\_\_\_\_

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

Human Resources: \_\_\_\_\_

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

I understand that if I voluntarily leave Inframark within 12 months after completing the course(s), all fees incurred for the course(s) will be repaid to Inframark, and may be withheld from any money due me for salary, commission or expense reimbursement to satisfy this payback obligation, unless otherwise prohibited by State Law.

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

Employee's Name (Print): \_\_\_\_\_

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## **Educational Assistance Reimbursement Request Form**

I have completed the courses listed on **Page 1**, and I have received a grade “C” or better or certificate of satisfactory completion.

Submit this Reimbursement Form, a signed copy of pages 1-2, proof of grade and a copy of receipt showing payment for the course(s) to your Sr. HR Business Partner. Reimbursement will be included with your next regular paycheck.

I am requesting reimbursement in the amount of \$ \_\_\_\_\_ (\$3,000 Max per Calendar Year)

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

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

### ***Approval for Payment***

Supervisor: \_\_\_\_\_

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

Manager: \_\_\_\_\_

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

Human Resources: \_\_\_\_\_

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