TUITION REIMBURSEMENT POLICY

To encourage professional development, [Employer] offers tuition reimbursement as outlined in this policy.

Employee Eligibility

After [the Introductory Period/[NUMBER] days of employment], [full-time] employees are eligible [to apply] for tuition reimbursement. All requests for tuition reimbursement must be approved in advance by [Employer].

Eligible Educational Expenses

To qualify for tuition reimbursement:

* You must be employed for the duration of the course, from registration through completion of the course.
* The course must be job-related [and scheduled during non-working hours].
* You must successfully complete the course [and obtain a grade of at least a[n] [LETTER]].

[Employer] will provide tuition reimbursement for an approved course[s] up to [AMOUNT] per [semester/calendar year].]

Books are not eligible educational expenses for purposes of this policy.

You are required to pay all required tuition and fees at the time of your registration for the course. You will be required to provide [Employer] with documentation of your successful completion of the course before reimbursement is provided.

Requests for Tuition Reimbursement

After [the Introductory Period/[NUMBER] days of employment], eligible employees can submit a request for tuition reimbursement.

A request for tuition reimbursement must be submitted:

* In writing.
* To your direct supervisor and the Human Resources department [before you enroll in the course/within [NUMBER] of days of your enrollment in the course].
* [With a copy of the course description.]

[A form is available at [LOCATION].]

Upon receipt of your request, [Employer] may contact you for additional information.

Payment Date

[Employer] will reimburse you for authorized and documented eligible tuition and educational expenses promptly following the date on which you provide documentation of successful completion of the course and proof of your payment[; provided, however, that you acknowledge that if your employment with [Employer] ends before [TIMEFRAME], you agree to re-pay to [Employer] a pro-rata portion of the tuition reimbursement within [NUMBER] business days after the termination of your employment.

Employee agrees and acknowledges that Employer and its counsel have not made any representations to [him/her] regarding the tax consequences of any payments or amounts received by [him/her] under this policy. Employee agrees to indemnify Employer against the payment of any taxes, interest, penalties and other liabilities or costs that may be assessed upon the tuition reimbursement.

Administration of This Policy

The [DEPARTMENT NAME] Department is responsible for the administration of this policy. If you have any questions regarding this policy or if you have questions about tuition reimbursement or other educational expenses that are not addressed in this policy, please contact the [DEPARTMENT NAME] Department.

Acknowledgment of Receipt and Review

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received a copy of [Employer]'s [NAME OF POLICY] and that I read it, understood it and agree to comply with it. I understand that [Employer] has the maximum discretion permitted by law to interpret, administer, change, modify or delete this policy at any time [with or without notice]. No statement or representation by a supervisor or manager or any other employee, whether oral or written, can supplement or modify this policy. Changes can only be made if approved in writing by the [POSITION] of [Employer]. I also understand that any delay or failure by [Employer] to enforce any work policy or rule will not constitute a waiver of [Employer]'s right to do so in the future. I understand that neither this policy nor any other communication by a management representative or any other employee, whether oral or written, is intended in any way to create a contract of employment. I understand that, unless I have a written employment agreement signed by an authorized [Employer] representative, **I am employed at will and this policy does not modify my at-will employment status.** If I have a written employment agreement signed by an authorized [Employer] representative and this policy conflicts with the terms of my employment agreement, I understand that the terms of my employment agreement will control.

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