

**TUITION REIMBURSEMENT REQUEST**

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| --- | --- |
| Employee Name:  |  |
| Contract:  |  |
| Phone Number:  |  |
| Email:  |  |
| *I request approval to take the following course(s) under the Tuition Assistance Program* |
| Course Name(s) |  |
| University/College Provider |  |
| Beginning Date |  | Completion Date  |  |
| Tuition amount |  |
| Reason for taking course |  |

I acknowledge that I must receive written approval from my Supervisor and the Aetos HR Manager prior to enrolling in a course for reimbursement. Once approval have been obtained, I acknowledge that I will pay the full cost of tuition in advance, and upon successful completion of the course(s) submit this form for reimbursement. To obtain reimbursement, I acknowledge that I must furnish a grade report showing an “A”, “B” or “C” for undergraduate courses and an “A” or “B” for graduate level courses and receipts of expenses before reimbursement will be made. Aetos will reimburse me at the appropriate rate as outlined in the Tuition Assistance Policy in the Aetos Employee Handbook.

I further acknowledge that Aetos requires repayment of tuition if I resign or am terminated from the company for any reason other than layoff within 12 months of receiving reimbursement. In such event, I authorize Aetos to deduct from my salary (including final pay), accrued PTO or any other amount owed to me by Aetos, as repayment for the amounts Aetos paid me for my tuition, as permitted by law. If such deductions are insufficient to repay Aetos for the tuition and/or expenses, I agree to repay the balance within 30 days of Aetos requesting such payment.

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

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[ ]  **Approved** [ ]  **Disapproved**

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Supervisor Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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[ ]  **Approved** [ ]  **Disapproved**

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Manager’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

HR Manager’s Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**