# TPEl Educational Assistance & Professional Membership Form

Before enrolling in any courses, please review the company’s Education Reimbursement policy for further details pertaining to reimbursement, then complete sections I and II of this form and submit it to the President of TPEL US. Once a decision is made regarding your reimbursement request, section III will be completed and the original form will be returned to you. After the course(s) completion or payment of membership fees, return section IV of this form to The President, with receipts and evidence of passing grades or certification showing proof of professional membership.

## Tuition Reimbursement - Eligibility Requirements \*Please note that course/program must be pre-approved

To be eligible for educational assistance, an employee must:

1. Be an active employee on payroll, working full-time for the company for a minimum of twelve (12) months.
2. Attend an accredited school, college, or university.
3. Provide documentation demonstrating that the educational program either offers growth in an area related to the employee’s current position or has the potential to lead to promotional opportunities within the Company.
4. Receive a “pass” grade in courses on a pass/fail system or grade “C” or above for courses on a letter grade system. (A copy of the final grade card or certification must be presented to show hours or certification received.)

|  |  |
| --- | --- |
| **Final Grade Received** | **Reimbursement %** |
| A Grade or 90% to 100% | 100% of Tuition or Course Costs |
| B Grade or 80% to 89% | 75% of Tuition or Course Costs |
| C Grade or 70% to 79% | 50% of Tuition or Course Costs |
| Courses taken on pass/fail basis | 50% of Tuition or Course Costs if passed |
| D Grade or below 70% | No Reimbursement |

1. Provide validation of expenses with copies of receipts from the educational institution or professional association.

## Pre-Approval

#### General Information

|  |  |
| --- | --- |
| Print Name | Job Title |
|  |  |
| Name of Educational Institution | City, State |
|  |  |
| Proposed Beginning Date | Length of Program |
|  |  |
| Anticipated Cost | |
| Per Class  Per Term  Per Year  Other: \_\_\_\_\_\_\_\_\_\_ | |

#### Job-Relatedness of Coursework or Membership

On the next page, provide a brief description of the program of study and how it will offer growth in an area related to your current position or have the potential to lead to promotional opportunities within the Company. Please attach a description from the educational institution of the program of study.

|  |  |
| --- | --- |
| Name of Class | Relevancy |
|  |  |
|  |  |
|  |  |
|  |  |

##### **Pre-Enrollment Response to Employee**

Your request for reimbursement is approved, provided that you satisfy all of the company’s requirements.

Your request for reimbursement is denied based on the following factor(s):

#### Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_

#### Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_

#### Reimbursement

Please complete this section of the form once you have completed any approved courses and return to your manager or an HR representative.

|  |  |
| --- | --- |
|  | Description of Documentation Attached |
|  | Receipts for cost of course(s) from educational institute |
|  | Proof of passing grades (report card/grade print out; if ungraded class, proof of certification) |
|  | Other: |

#### Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_

#### Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_