**Strategic Analytix**

**Tuition/Educational Reimbursement Expense Agreement**

You recently requested approval for payment of expenses for an educational course. In accordance with our educational assistance policy, please complete the following Educational Expense Agreement and submit it to HR (Shawn Bonner). If you have any questions regarding our Educational Expense policy or this Agreement, please contact Shawn Bonner.

As part of Strategic Analytix’s (SA) educational assistance program, SA agrees to reimburse educational expenses for the attended class(s) below:

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor or College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Expense Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_ (includes registration/tuition fees to a cumulative yearly maximum of $5,000 per employee)

In consideration of payment of these expenses, you agree to the following:

If you are unable to complete this course due to what the company considers extenuating circumstances (such as your illness or the illness of a family member) and you receive a tuition or materials refund, you agree to give the full refund to the company via personal check within one week of receipt.

If you voluntarily terminate employment with Strategic Analytix after completion of the course and prior to completing six consecutive months of active employment from the date the course was completed, you will refund the entire amount of the educational expenses provided to you.

If you voluntarily terminate employment with Strategic Analytix after completion of the course and after completing six months of active employment but prior to completing 12 consecutive months of active employment, you will refund a prorated share of the educational expenses provided to you. The prorated amount will be based on the total amount of educational expenses provided divided by the percentage of time left in months from one year that you did not continue working. For example, if you receive the yearly cumulative maximum of $5,000 for an educational course and work only nine months after completion of the course, you will refund 25% of the $5,000 or $1,250 (three months not served divided by 12 months equals 25%).

If any action is brought to enforce any provision of this Agreement by Strategic Analytix, you agree to pay all costs associated with the action as well as any costs of litigation, including all reasonable attorney fees.

This Tuition/Educational Expense Agreement creates no contract of employment between you and Strategic Analytix. You may terminate your employment with this company at any time with or without cause, and Strategic Analytix may terminate your employment at any time with or without cause.

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

Agreed to by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Employee)

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

Strategic Analytix

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

(Signature of Supervisor)

Supervisors printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Strategic Analtyix  
Tuition Reimbursement Request Form**

This form should be completed and a photocopy should be sent to Human Resource (Shawn Bonner). The original form and supporting documents should be given to HR. Forms must be completed and final approval received prior to the first day of class.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_  
Proposed Course is:  
□ Undergraduate Course Credit  
□ Graduate Course Credit  
Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Credit Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Course Begins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Course Ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Tuition, Fees and Itemized Receipts Required

Are courses for a credit leading to a degree?  
□ Yes □ No  
Name of Diploma/Degree: \_\_\_\_\_\_\_\_\_\_  
Major Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you receiving VA benefits or other educational financial support?  
□ Yes □ No  
If yes, what assistance?  \_\_\_\_\_\_\_\_\_\_\_

Attach supporting documentation addressing the following questions and any other comments:  
How does the proposed course of study relate to your job assignment/position duties?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
If the course meets during your normal work hours, how will your work schedule be adapted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
How will the course-provided knowledge/techniques improve your performance and be useful to the company?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and understand the Tuition Reimbursement Policy and agree to the terms of the policy.  
Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Review and Signatures:  
Supervisor review and sign off.  
If approved, HR will send copy to employee. HR will also e-mail notice of approval to the employee and employee’s department head.  
If request is not approved, HR will inform the parties of the decision.  
Supervisor Signature: \_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
□ Approved □ Denied  
If denied, state reason: \_\_\_\_\_\_\_\_\_\_\_\_