



By Light Professional IT Services LLC
3101 Wilson Boulevard
Suite 850
Arlington, VA 22201
www.bylight.com

APPLICATION FOR TUITION/TRAINING/CERTIFICATION COST ASSISTANCE

Employee Name: _____ Date: _____

Course/Training or Certification Name: _____

Purpose: _____

Educational Institution: _____

Days and Hours: _____

Date Commences: _____ Date Ends: _____

Fees: Tuition \$ _____ Books \$ _____ Total \$ _____

Is the course part of
a degree program?

What degree? _____

☐ Yes ☐ No If not part of a degree program, how is it job related? _____

Reimbursement Information

Employee will be reimbursed upon successful completion of the course by submitting receipts for all costs listed above and presenting a grade report showing a B or higher grade. Fees for certification-related classes and exams may be paid directly to the training institution, at the sole discretion of the Company.

By signing this form, I agree to reimburse By Light for all educational expenses provided to me if I voluntarily terminate employment with By Light prior to completing 12 consecutive months of active employment. Further, I authorize By Light to deduct the reimbursement amount owed under the terms of the agreement from my wages, commissions and other funds due to me (including but not limited to my final paycheck). In the event that such deductions do not fully reimburse the education assistance, I agree to promptly pay the remainder upon termination.

Employee Signature: _____ Date: _____

Approvals

Supervisor: _____ Date: _____ ☐ Approve ☐ *Decline

Senior Management: _____ Date: _____ ☐ Approve ☐ *Decline

Chief Financial Officer: _____ Date: _____ ☐ Approve ☐ *Decline

* In the event the application is declined, the Supervisor must attach a written explanation.

(All Applications for Educational Assistance must be forwarded to Human Resources)