

Tuition Reimbursement Agreement Form

Employee Information

Full Name: _____

Employee ID: _____

Department: _____

Position: _____

Work Email: _____

Phone Number: _____

Educational Institution Details

Institution Name: _____

Program Name: _____

Degree/Certification:

Start Date: _____ End Date: _____

Total Tuition Cost: _____

Amount Requested: _____

Reimbursement Agreement Terms

1. **Employment Commitment:** Employee agrees to remain employed for at least ___ months after completing the course.
2. **Repayment Clause:** If employment ends before the required period, the employee will repay ___% of the reimbursed amount.
3. **Grade Requirement:** A minimum grade of ___ is required for reimbursement eligibility.
4. **Required Documentation:** Employee must submit proof of completion, grade report, and tuition receipts.

5. **Reimbursement Limitations: Only tuition fees are covered; additional expenses such as books, travel, and supplies are not included.**

I have read and agree to the Tuition Reimbursement Agreement terms.

Employee Signature:

Date: _____

Approval Section

Approved

Denied (Reason:

_____)

Supervisor's Name:

Signature: _____

Date: _____

HR Manager's Name:

Signature: _____

Date: _____