

Education Assistance Plan Reimbursement Form

Clock #: _____
Department Code: _____

Phase I - Application for Approval of Courses

Associate completes this section and gains RPM/Director and Human Resources approval *prior* to enrollment.

***Please write a summary on how your course(s) relate to your current position or can enhance your future position with Essex.**

Name _____ School Attending _____
 Employment Date _____ Program of Study _____
 Undergraduate Graduate

Course Name and Number	Credit Hours	Date Entered	Required Textbooks	Text Cost	Course Cost	Other Required Expenses	Total Cost	Grade	Date Completed

Associate's Signature _____ Date _____

Your signature acknowledges that you have read and understand the Education Reimbursement Plan and requirements.

Are the course(s) identified above approved for financial reimbursement under the education assistance plan? Yes No

 Manager's Signature, Print Name & Title (RPM level or above) _____ Date _____ Human Resources Signature _____ Date _____

Phase II - Request for Reimbursement

Associate completes this section and **re-submits** this form to the Human Resources within *30 days of completion of course(s) with grade report and receipts.

***Important Note:** In accordance with IRS regulations, the year in which expenses are reimbursed determines the year the expenses are charged against the maximum annual reimbursement amount. Approved expenses submitted after the last payroll-processing period of the calendar year will be paid in the following calendar year and will be charged against that year's maximum annual reimbursement amount regardless of when the course(s) was completed.

I certify that under the terms of the Education Assistance Plan, I have satisfactorily completed the course(s) listed above; I have reported my expenses accurately; I have reported all other education benefits I have received from other public agencies, companies or private organizations; and the information contained herein is true and correct. I also understand that this reimbursement may be subject to tax withholding.

Total cost (above) of this quarter/semester \$ _____
 Less total of other benefits (G.I. Bill, Scholarship, etc.) \$ _____
 Total educational assistance requested \$ _____

 Employee's Signature _____ Date _____

For Human Resources Department Use

All necessary receipts, grades, textbook verifications attached? Yes No Educational assistance reimbursed year-to-date \$ _____
 Is the associate over calendar year maximum? Yes No Educational assistance reimbursed present period \$ _____
 Total educational assistance reimbursed year-to-date \$ _____

PAY THE AMOUNT OF \$ _____ to _____
 Associate's Name _____ Cost Center _____

AUTHORIZED BY: _____
 Human Resources _____ Date _____