

**EMPLOYEE EDUCATION ASSISTANCE APPLICATION**

**Name:** \_\_\_\_\_ **Region:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Hire Date:** \_\_\_\_\_

College Course(s):	Credits	Start Date	Cost

**Name and Address of School:** \_\_\_\_\_

**Why do you think the course(s) should prove beneficial to both yourself and the Company?** \_\_\_\_\_

**Are you preparing for professional certification? If yes, what certification are you preparing for?** \_\_\_\_\_

**Are these course(s) for licensing? If yes, what license are you preparing for?** \_\_\_\_\_

- ✓ Supervisor approval is required prior to the start of the semester/quarter or course work.
- ✓ A minimum passing grade of B, its equivalent or completed certification must be obtained to qualify for assistance.
- ✓ 50% of costs (including course materials) will be reimbursed up to a maximum of \$5,250 per calendar year.
- ✓ Authorized grade reports and receipts must be submitted along with a copy of this application within 60 days of completed courses.

I understand all of the requirements and procedures for the Education Assistance Program and agree to comply with these policies.

I understand if I voluntarily leave the employ of Zilber Ltd. within one year of completing courses for which the company reimbursed, I will be responsible to refund 50% of the benefit reimbursed. I authorize this deduction and further agree that if my final paycheck is not sufficient to cover the costs, I will reimburse the company for the amount due at the time of termination.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director of Human Resources:** \_\_\_\_\_ **Date:** \_\_\_\_\_