

## **Tuition Reimbursement Agreement Form**

## Reimbursement Requirements:

The purpose of the Tuition Reimbursement program is to provide opportunities for employees to improve their skills and knowledge through personal career development. Employees interested in participating in this education assistance program must first complete the Tuition Reimbursement Agreement Form. The Tuition Reimbursement Request Form (Form 62.36) must be completed prior to the start of a *course of study or degree program* for approval.

Upon completion of class, the employee must turn in:

- Proof that the employee paid for the class
- An official copy of the grade(s) received

Employees will be reimbursed for approved tuition expenses after completion of courses at the following rates: 90% for A, 80% for B, 70% for C, 0% for any grade below C.

An employee will not be eligible for tuition reimbursement if they withdraw from an approved course or if the course is canceled. An employee will not receive tuition reimbursement if they terminate employment prior to completion of the approved course(s).

Reimbursement is for tuition expenses only. The employee is responsible for related expenses such as books, fees, parking, etc.

This agreement between Perform Air International Inc. and the employee requires the employee to complete two years of service from the completion of the reimbursed *course of study or degree program*. If the employee's service terminates for any reason prior to the completion of the two years, the employee agrees to reimburse Perform Air International Inc. the complete amount of *the course of study or degree program* reimbursed.

I,understand that if I do not con	agree to the above tuition reimbursement guideling plete two years of service following the reimbursed <i>course</i>	
or degree program, that I wil	owe Perform Air International Inc. 100% of the reimburser mount will be taken from my last paycheck, including any	ment
PTO time. I will be billed for	any remaining balance due or a Tuition Reimbursement Pa	
Pian will be established at th	discretion of Executive Management.	
Employee Signature	Date	
Witness Name and Signature	Date	

Section V.A Revision: 1
Form Number: 62.35
Revision Date: 05/04/2016