



Document no:	HR00025
Rev:	B
Effective date:	12/19/2019

### Application for Tuition Reimbursement

*\*Employees must complete and submit the Application for Tuition Reimbursement prior to enrollment in a course. Only those applications approved for tuition reimbursement prior to the first day of a designated course will be eligible for reimbursement.*

NAME: \_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

### Course Information

COURSE TITLE: \_\_\_\_\_

(Please attach a copy of the course description.)

NAME OF SCHOOL: \_\_\_\_\_

DATES OF COURSE: STARTING: \_\_\_\_\_ ENDING \_\_\_\_\_

TUITION: \$ \_\_\_\_\_

ARE YOU CURRENTLY ENROLLED IN A DEGREE PROGRAM? YES  NO

IF YES, FOR WHAT DEGREE? \_\_\_\_\_

ARE THE CLASSES YOU ARE ENROLLED IN, RELATED TO YOUR CURRENT JOB?

YES  NO

PLEASE EXPLAIN: \_\_\_\_\_

### Authorization

DEPARTMENT MANAGER/SUPERVISOR: \_\_\_\_\_

HUMAN RESOURCES: \_\_\_\_\_

To initiate reimbursement, upon satisfactory completion of this course, please submit to Human Resources a copy of your transcript and payment receipt along with the Tuition Reimbursement Form.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE:** By signing this form, I acknowledge that I understand and agree to abide by Iwaki America, Inc.'s Tuition Reimbursement Program, as stated in the Company's Guidelines.



REVISION HISTORY

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<b>Rev.</b>	<b>ECO No.</b>	<b>Revision date</b>	<b>Revised by:</b>	<b>Description of Change</b>
Rev.A	None	6/19/2019	AF	
Rev.B	3224	12/19/2019	SHP	Separated application for tuition reimbursement and request for reimbursement into 2 documents
Rev.C				
Rev.D				
Rev.E				