

Educational Assistance Form

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Employee to complete prior to enrollment								
Employee ID # Last Name			First Name			Work Phone + Ext		
Job Title			Company/Department			Date of Hire		
School Name and Location:			Major/Focus:			Expected Graduation:		
Are you studying toward a Degree or Certificate? No Yes – please indicate below which program applies (check one)								
□ Associate □ Bachelor □ Master □ Doctorate □ Certificate □ Other □ N/A								
Class Title ** Please include a copy of the course description			# Credit/Units	/Units Class Date		Finish	Pre-class Mgr Initials	Post-Class Mgr Initials
Tuition		Books	Other Fees (Not all fees are eligible – ex: travel, late fees, etc. are not reimbursable)			Total Requested		
\$	\$		\$		\$	\$		
	n and signature – subm	nit prior to enrollmen	t in class(es):					
may forfeit any pending tuition reimbursement(s). I also understand that if I voluntarily or involuntarily for cause terminate employment with the Company pending tuition reimbursements will not be paid out and I will be asked to repay any tuition reimbursement received in the 24 months prior to my termination. I hereby authorize Kroll, LLC or their subsidiaries to deduct from my final pay any amounts owed from tuition reimbursement and understand that it is my obligation to repay the Company any remaining amount. The Company may take appropriate legal action to collect the monies due if payment arrangements are not made. I have completed the Educational Assistance form, included all required information, and obtained my manager's pre-class approval/signature. Upon completion of the class(es), I agree to provide proper documentation of my tuition and corresponding receipts along with letter grade(s)/ pass-fail evaluation(s) for each of the classes. I hereby verify that all information stated on this form is true and correct.								
Employee's Name (print) Employee's Si			ignature			Date		
Manager to approve and sign prior to enrollment in the class(es):								
I approve of the above named employee's participation in the classes listed on this form based on his/her satisfactory performance of his/her job and is working a minimum of 30 hours at the time of this signing. The employee's chosen program of study is job or career related. The employee has agreed to demonstrate to me that there will be no interference with meeting job requirements as classes are completed and has been notified that performance issues that may arise during participation in the class(es) will be discussed and remediated immediately, and could result in the reimbursement being denied. Upon completion of the course, I understand that I will be contacted to recertify that the employee is in good standing and eligible for reimbursement. I understand that the cost of this benefit will be allocated to my department.								
Manager's Name (print) Manager's S		gnature			Date			
Procedure:								
Send forms to Benefits via email at tuition.reimbursement@corprisk.com; or via fax to 949-224-3761								
Within 30 days prior to start of the class(es) Employee will: » Complete Education Assistance form and obtain manager's pre-class signed (or e-mailed) approval before enrolling for the class » Submit completed Education Assistance Form and supporting documentation (course description, credits, tuition cost, etc)								
Upon completion of class(es) and no later than 60 days thereafter Employee will submit: » Original Education Assistance Form with manager's post-class signed (or e-mailed) approval » Documentation of final grade/evaluation – must be letter grade of 'C' or better, or 'Pass' evaluation » Documentation of Tuition costs – must show class name, semester and costs » Copies of receipts (books, materials, lab fees, parking, etc); refer to policy for list of non-eligible items								
Reimbursement will be processed via payroll within 2 pay periods of receiving all required documentation								
Office Use Only								
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/ /	\$, ,	\$					