**EDUCATIONAL REIMBURSEMENT APPLICATION**

|  |  |
| --- | --- |
| **Personal Information** | **School/Program Information** |
| **Employee Last Name, First, Middle Initial** | **Name of School/Program** |
| **Phone Number Date Hired Full Time** | **Street Address City/State/Zip** |
| **Current Job Title Department** | **Anticipated Graduation Date M/D/Y:** |

|  |
| --- |
| **Toward Degree Of:** |
| * Associates |
| * Bachelor’s |
| * Master’s |
| * Doctorate |

|  |
| --- |
| **Please Explain Relevance to Current Job:** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Course #** | **Course Dates:**  **M/Y – M/Y** | **Number of Credits:** | **Tuition Cost:** |
| **1.** |  |  |  | **$** |
| **2.** |  |  |  | **$** |
| **3.** |  |  |  | **$** |
| **4.** |  |  |  | **$** |
| **5.** |  |  |  | **$** |

**I understand that if this request is approved, reimbursement will be contingent upon maintaining a 3.0 GPA of each course and submission of all receipts and paid bills to HR@LUK.org. I further understand that failure to successfully complete any course(s) will result in not being reimbursed for the expenses incurred.**

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**Employee Signature Date**

**Educational Reimbursement Eligibility Requirements**

**LUK will be providing eligible employees $200 for each approved course credit completed up to $1,000 total per year. *There is no fee or charge to employees for the costs covered by these benefit plans.***

**In order to considered eligible, you must:**

* **Be an active LUK employee for a period of one (1) year**
* **Maintain a 3.0 GPA**
* **Complete this application in it’s entirety**
* **Submit the transcript for the completed course credit(s)**
* **Submit the receipt(s) for expenses**

**\*\*The application, transcript, and receipt(s) need to be submitted to** [**HR@LUK.org**](mailto:HR@LUK.org)

**HR will review claims submitted for reimbursement. Claims will be paid out twice per year in June & December.**

**HUMAN RESOURCE DEPARTMENT APPROVAL**

**This request is [ ] Approved [ ] Not approved**

**Comments:**

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**Human resources manager signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

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