APPLICATION FOR EMPLOYEE TUITION BENEFIT

In order to qualify for Employee Tuition Benefit, this application must be completed and approved prior to each course taken. Tuition remission applies for academic credit towards an Associate’s, Bachelor’s, or Master’s Degree only from an accredited institution. Please submit the completed form to the Office of Human Resources with the Director/Department Head approval two weeks prior to payments being needed.

Approval of tuition benefit is subject to the following approved items:

1. An eligible employee needs to be a continuing, full-time, fiscal or academic year employee who has completed the probationary period before enrolling in a reimbursable class.
2. With prior approval, an eligible employee may enroll in courses for academic credit with an accredited college, university or vocational-technical school.
   Upon satisfactory completion of a course (grade C or higher for undergraduate or grade B or higher for graduate school), an eligible employee may receive a tuition benefit up to a maximum of six credit hours per semester, totaling no more than 12 credits in a calendar year. The maximum per credit hour benefit rate is determined annually. Optionally, the employee may request that the tuition benefit be made up front by the College prior to satisfactory completion of a course. If this option is elected, a Tuition Remission Agreement must be completed and approved by Human Resources and the Department Head.
3. Applications for the tuition benefit shall be made prior to the class beginning and are subject to approval by the Director/Department Head and the Human Resources Office.
4. Please submit the grade for each course taken within two (2) weeks of receiving completed grades to HR.
5. This benefit only applies to the cost of tuition.

APPLICATION

Name of Employee: ___________________________ Date of Hire: ___________________________
Department: ___________________________ Date Form Completed: ___________________________
Name of Institution Attended: ___________________________
Address of Institution: ___________________________

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Date Course Begins/Ends</th>
<th>Course Number</th>
<th>Number of Credits</th>
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Enrolled in a formal degree program? (please check appropriate boxes): □ Yes □ No; □ Undergraduate □ Master’s

Employee Signature: ___________________________ Date: ___________________________

DIRECTOR APPROVAL SECTION

Signature of Director/Department Head: ___________________________ Date: ___________________________

□ Approved, HR Signature: ___________________________ Date: ___________________________

EFFECTIVE DATE: 9/24/13
TUITION REMISSION AGREEMENT

FOR PAYMENT OF TUITION, UP FRONT BY THE COLLEGE, The undersigned agrees that in the event that the undersigned terminates employment at Colby College prior to successful completion of the academic course(s), the full amount of the tuition remission paid by the College will be due and payable immediately. The undersigned authorizes the College to retain this amount from the undersigned’s last paycheck.

In the event that the undersigned does not successfully complete the academic course (grade C or higher for undergraduate or grade B or higher for graduate school), the College is authorized to receive re-payment of any tuition remission paid up front by the College. The undersigned promises to pay this amount without interest, in **3 Monthly or 6 Bi-weekly** installments. Such payments are to be made by payroll deduction, which the undersigned hereby authorizes.

In the event legal proceedings are instituted to collect any amount due under this agreement, the undersigned agrees to pay the College hereof in addition to the amount of the unpaid balance, all costs and expenses of such proceedings, including reasonable attorney’s fees.

The undersigned hereby waives presentment for payment, demand, notice of non-payment, notice of protest and protest of this note.

__________________________________________  Date

Employee Signature

__________________________________________

Printed Name of Employee

__________________________________________

DIRECTOR APPROVAL SECTION

__________________________________________  Date

Director/Department Head Signature

__________________________________________

Printed Name of Director/Department Head

☐ Approved by HR

__________________________________________  Date

Human Resources Signature