

## APPLICATION FOR EMPLOYEE TUITION BENEFIT

To request the Employee Tuition Benefit subsidy, complete this form with approval by the Director/Department Head **prior to enrolling in course(s)**. Tuition remission applies for academic credit towards an associate's, bachelor's, or graduate's degree from an accredited institution.

Employees may request payment be made upfront by the College prior to satisfactory completion of a course by completing this form along with the *Tuition Remission Agreement*, attaching a copy of the tuition bill, and submitting to the Office of Human Resources at least **two weeks prior to payment being due**. If requesting reimbursement, please submit this completed form, along with a copy of the tuition bill, proof of payment, and grade(s) to Human Resources at least two weeks of receiving final grades.

HR approval of tuition benefit is subject to the following items:

1. Applicant is 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.
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 Office of the Human Resources.
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 Attending: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Course Number	Course Name	# of Credits	Date Course Begins/Ends

Are you enrolled in a formal degree program? (check appropriate boxes):  Yes  No;  Undergraduate  Graduate

Field of Study: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

### DIRECTOR APPROVAL SECTION

Signature of Director/Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Approved, HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Employee

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## DIRECTOR APPROVAL SECTION

\_\_\_\_\_  
Director/Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Director/Department Head

Approved by HR

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date