**Tuition Reimbursement Application**

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION I – Course Information**I. Level of course(s)

Technical Associate Bachelor

Graduate Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. Course is related to:

Current position Career development at Both

King Arthur Baking Co

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Start Date** | **End Date** | **Cost of Course** | **Grade** |
|  |  |  |  |  |

**Section II – Supervisor’s Certification**

I certify this employee meets the performance requirements of their position at King Arthur Baking Co. and the course listed above relates to the employee’s current position and/or future career opportunities at KAB.

Employee works: Full time (30-40 hours/week) Part time (20-29 hours/week)

Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III – Employee Certification**

I certify I have read the Tuition Reimbursement Program Guidelines and understand the conditions and requirements.

I understand the policy reimburses tuition, lab fees and books only. I also understand **I must submit an official grade report or transcript and receipts for tuition, lab fees and books within 90 days of the classes end date.**

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Send completed application and all required documentation to Human Resources at hrgroup@kingarthurbaking.com