**TUITION ASSISTANCE POLICY**

**PURPOSE**

[EMPLOYER'S NAME] supports employees in advancing their professional growth by offering a tuition assistance program, as outlined in this policy.

[EMPLOYER'S NAME] recognizes the importance of continuous learning and professional development in maintaining a skilled and knowledgeable workforce. This policy is designed to support employees in pursuing educational opportunities that align with their current job responsibilities or career growth within the organization. By investing in our employees' education, [EMPLOYER'S NAME] aims to foster a culture of innovation, enhance employee satisfaction, and strengthen the overall success of our team.

For questions regarding eligibility or the application process, employees should contact the [DEPARTMENT NAME] Department.

This policy complies with all applicable federal and South Carolina state laws, ensuring adherence to relevant regulations regarding employee benefits and tuition reimbursement practices.

**COVERED EDUCATIONAL EXPENSES**

To qualify for tuition reimbursement under this policy, the following conditions apply:

* Employment requirement: You must remain employed by [EMPLOYER'S NAME] throughout the duration of the course, from registration to completion.
* Course criteria: The course must be job-related [and scheduled outside of working hours].
* Completion standard: You must successfully complete the course [and achieve a minimum grade of [LETTER]].
* Reimbursement limits: [EMPLOYER'S NAME] will reimburse tuition for [approved courses] up to [AMOUNT] per [semester/calendar year].
* Additional costs: [[Books and lab fees] are [not] covered as reimbursable educational expenses.]

You are responsible for paying all tuition and fees at the time of registration. Reimbursement will only be provided after you submit documentation to [EMPLOYER'S NAME] confirming successful course completion.

For further details or clarification, employees should contact the [DEPARTMENT NAME] Department.

**SUBMITTING A TUITION REIMBURSEMENT REQUEST**

Eligible employees may request tuition reimbursement after completing [the Introductory Period/[NUMBER] days of employment].

To apply for tuition reimbursement:

* Submit your request in writing.
* Provide your request to your direct supervisor and the Human Resources department [before enrolling in the course/within [NUMBER] days of enrollment].
* Include [a copy of the course description].
* [Complete and submit the tuition reimbursement request form, available at [LOCATION].]

[Once your request is received, [EMPLOYER'S NAME] may contact you for further details or clarification.]

Approval must be obtained prior to enrollment to qualify for reimbursement under this policy. For any questions, please contact the [DEPARTMENT NAME] Department.

**TUITION REIMBURSEMENT PAYMENT TERMS**

[EMPLOYER'S NAME] will issue reimbursement for approved and documented eligible tuition [and educational expenses] promptly upon receiving:

* Proof of your payment for the course.
* Documentation confirming successful completion of the course.

Repayment obligation

If your employment with [EMPLOYER'S NAME] ends before [TIMEFRAME], you agree to repay a pro-rata portion of the tuition reimbursement to [EMPLOYER'S NAME] within [NUMBER] business days of your termination date. [This provision complies with applicable jurisdictional laws regarding reimbursement recoupment.]

Tax acknowledgement

By signing this policy, you acknowledge that [EMPLOYER'S NAME] has made no representations regarding the tax consequences of any tuition reimbursement payments. You agree to indemnify [EMPLOYER'S NAME] against any taxes, interest, penalties, or associated costs arising from the reimbursement.

For further details or questions regarding payment terms, contact [DEPARTMENT NAME].

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department oversees the implementation and management of this policy.

For any questions about this policy, eligibility, or reimbursement of other educational expenses not explicitly covered here, employees are encouraged to contact the [DEPARTMENT NAME] Department for assistance and clarification.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The terms of this policy are designed to complement, not replace, amend, or override any provisions outlined in a collective bargaining agreement between [EMPLOYER'S NAME] and a union.

Employees should refer to their specific collective bargaining agreement for detailed terms and provisions. In instances where the terms of this policy conflict with those in a collective bargaining agreement, the collective bargaining agreement will take precedence.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date