

DURA SHILOH TUITION REIMBURSEMENT APPLICATION

Name _____ Hire Date _____

Job Title _____ Department _____

I intend to register and will attend classes at the accredited institution(s) listed below.

Name/Location of Accredited School _____

Degree and/or Major _____

Course No. Course Name Credit Hours

Cost of Tuition	Cost of Books	Lab Fees	Other Expenses (Explanation required)

Course No. Course Name _____ Credit Hours _____

Cost of Tuition	Cost of Books	Lab Fees	Other Expenses (Explanation required)

I understand that I must attain a passing grade of "B" or its equivalent or obtain a certification in order to receive any reimbursement. There will not be any reimbursement if I fail or receive a below "B" grade in the course.

Upon completion of each course, I will submit the necessary authorized grade reports and tuition receipts to my supervisor for approval.

- ☐ Educational assistance is NOT available to me under the G.I. Bill, a scholarship grant, or any other aid.
☐ Educational assistance is available to me through an outside source, therefore, my participation in Dura Shiloh's program is only to the extent of tuition/expenses not covered.

I understand that if I voluntarily terminate my employment with Shiloh Industries I will be required to reimburse Shiloh Industries for any expenses I received under this program within the prior twenty-four (24) month period as follows; (a) 100% of expenses paid in the prior twelve (12) months, (b) 50% of expenses paid in the prior thirteen (13) to twenty-four (24) months. This reimbursement will be deducted from any final paychecks I receive in accordance with the law. If there is not enough to cover the cost I agree to pay the balance directly to Dura Shiloh.

I herewith authorize Dura Shiloh to deduct any amount due from my final paycheck(s).

Signed: _____ Date: _____
Employee

FOR THE SUPERVISOR:

Are the courses job related? ☐ Yes ☐ No Is degree job related? ☐ Yes ☐ No
Performance must be satisfactory or better for reimbursement.

Approved
Recommended by: _____
Supervisor

Approved By: _____
Human Resources Manager

Approved: Tuition ☐ Books ☐ Lab Fees ☐ Other ☐ Approved Amount: \$ _____

Received by Human Resources: _____ Date: _____

Tuition Reimbursement: Submission of Grades

Name _____ Hire Date _____

Job Title _____ Department _____

Please list below: course name and letter grade earned.

Course Name _____ Grade Earned _____ Tuition Amount _____

Course Name _____ Grade Earned _____ Tuition Amount _____

Amount Requested \$ _____

Per Dura Shiloh's Tuition Reimbursement Policy, maximum annual reimbursement will not exceed \$3,000.00.

Signed: _____ Date: _____
Employee

Signed: _____ Date: _____
Supervisor