



**Subject:** Tuition Reimbursement Policy and Forms

**Purpose:** To outline Benchmark Human Services' guidelines for tuition reimbursement.

**Scope:** Employees who are in a full-time or part-time position, working an average minimum of 20 hours per week

**Related Forms:** Tuition Reimbursement Agreement & Approval, Tuition Reimbursement Request

**Related Entity:** All entities owned and managed by A.W. Holdings, LLC

**Description:**

**Tuition Reimbursement**

- I. Eligibility
  - A. Any employee who works a minimum of 20 hours per week.
  - B. Pre-approved course work will be reimbursed following the successful completion of the course. A letter grade of C or above (or equivalent) is necessary for reimbursement. Appropriate documentation must be submitted (please see attached).
  - C. Employment must start prior to the beginning of the semester for which reimbursement will be sought
  - D. Staff members requesting such support should seek approval from their department director and the CEO prior to making financial commitments and prior to beginning the class.
  - E. Graduate and undergraduate courses taken at accredited universities and colleges are eligible for 50% reimbursement of the course/academic expense; this does not include lab fees, books, parking fees, student fees, technology fees, student service fees or the like. The total reimbursement per school year (September through August) will not exceed \$3,000, regardless of the number of classes taken during the school year.
  - F. There are no restrictions on course topics or degreed programs.
  - G. Online degree programs will be considered for the Education Grant as long as the college / university is accredited and the application is approved by the Company's President. Benchmark reserves the right to deny any request that involves an online degree program for any reason.

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*Benchmark Human Services is an Affirmative Action, Equal Employment Opportunity Employer*

Effective Date: 10/15/07	Source: VP of Human Resources	Approved by: Policy Review Committee
Revision date(s): 02/01/08, 08/06/14, 12/15/14, 02/20/17, 03/20/19, 07/10/20		
Review date(s): 7/30/12, 02/20/17, 02/12/18, 02/04/19, 07/10/20, 07/10/21		

II. Provisions

- A. Documentation Required for Approval (submitted prior to beginning the class):
  - 1. Reimbursement Agreement and Approval Form
  - 2. Published Course Description
- B. Documentation Required for Reimbursement (submitted upon completion of the class):
  - 1. Grade Transcript
  - 2. Itemized Paid Receipt
  - 3. Reimbursement Request Form
- C. Eligible staff will be reimbursed up to \$3,000.00 per academic year (September through August)
- D. Staff who accept tuition reimbursement funds are required to maintain employment with Benchmark and work a minimum of 20 hours per week for at least 12 consecutive months after receiving the reimbursement.
- E. Staff who voluntarily end employment, are terminated for cause, or fail to meet any other provision of the tuition reimbursement program will agree to repay the amount received during the academic year.
- F. Applying for or accepting tuition reimbursement funds does not create a contract of employment for any period of time and employees of Benchmark Human Services are at-will employees.
- G. Continuing Education Units (CEU) are not reimbursable under this policy.

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**TUITION REIMBURSEMENT AGREEMENT & APPROVAL**  
*(Submit prior to beginning classes)*

Please read the following statement and sign indicating your approval:

I have received and reviewed a copy of the **Tuition Reimbursement Policy**. I understand and agree that I will be required to repay funds granted under this policy if I voluntarily end my employment, am terminated for cause, or fail to meet any other provision of the tuition reimbursement program. Furthermore, I understand that applying for or accepting tuition reimbursement funds does not create a contract of employment for any period of time and employees of Benchmark Human Services are at-will employees.

Employee Name (Please print)	Date	Employee #	Department
Home address: Street	City	State	Zip
Phone number	Email address	<input type="checkbox"/> I work an average of 20 hours per week	
Semester & School Year	Degree I am pursuing:	College / University:	
	Hire date		

I am requesting reimbursement for the following course(s): *Please list course title, number of credits, and attach a copy of the published course description.*

Course Title	Credit s	Course Description attached	<input type="checkbox"/>
Course Title	Credit s	Course Description attached	<input type="checkbox"/>
Course Title	Credit s	Course Description attached	<input type="checkbox"/>
Course Title	Credit s	Course Description attached	<input type="checkbox"/>

**Department Director Approval:** Submit this form along with the published course description for each class to your department Director for approval then forward to Shannon O’Connell, 8515 Bluffton Road, Fort Wayne, Indiana 46809.

Director Name \_\_\_\_\_ Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete all of the above before submitting to Shannon O’Connell in Fort Wayne**

President’s Final Approval:

CEO: \_\_\_\_\_ Date \_\_\_\_\_

After the approved courses have been completed, please forward the Tuition Reimbursement Request to Shannon O’Connell at the address above, along with a copy of your paid receipt and grade transcript.

You must have a grade of C or above to receive a reimbursement.



**TUITION REIMBURSEMENT REQUEST**  
*(Submit upon completion of the class)*

Employee Name (Please print)	Date	Employee #	Department
Home address: Street	City	State	Zip
Semester & School Year			

**I have completed the previously approved course(s).  
Please find attached a copy of my itemized paid receipt and grade transcript.**

Course Title _____	Grade _____		
Tuition cost \$ x 50% _____	=	Reimbursement	\$ _____
Course Title _____	Grade _____		
Tuition cost \$ x 50% _____	=	Reimbursement	\$ _____
Course Title _____	Grade _____		
Tuition cost \$ x 50% _____	=	Reimbursement	\$ _____
Course Title _____	Grade _____		
Tuition cost \$ x 50% _____	=	Reimbursement	\$ _____

**Total Reimbursement:** \$ \_\_\_\_\_

**By signing below, I agree to the following:**

*If I should voluntarily terminate my employment or am terminated for cause with A.W. Holdings, LLC (dba Benchmark) prior to completing 12 consecutive months of active employment from the date of reimbursement for these courses, I will refund the entire amount received in the past 12 months to the company, prior to my last day worked. If any legal action is brought to enforce any provision of this agreement by Benchmark, I agree to pay all costs associated with the action, as well as any costs of litigation, including all reasonable attorney fees. This educational expense agreement creates no contract of employment for any period of time between myself and Benchmark as I am an at-will employee.*

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

**Please complete all of the above before submitting to Shannon O’Connell in Fort Wayne**

CEO: \_\_\_\_\_ Date: \_\_\_\_\_