

Educational Assistance Form

Employee to complete prior to enrollment

Employee ID #	Last Name	First Name	Work Phone + Ext
Job Title		Company/Department	Date of Hire
School Name and Location:		Major/Focus:	Expected Graduation:
Are you studying toward a Degree or Certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes – please indicate below which program applies (check one) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Certificate <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A			

Class Title <small>** Please include a copy of the course description</small>	# Credit/Units	Class Dates Start	Class Dates Finish	Pre-class Mgr Initials	Post-Class Mgr Initials
Tuition	Books	Other Fees <small>(Not all fees are eligible – ex: travel, late fees, etc. are not reimbursable)</small>	Total Requested		
\$	\$	\$	\$		

Employee certification and signature – submit prior to enrollment in class(es):

I certify that I have read and understand the Educational Assistance program/policy and agree to the terms set forth therein. I acknowledge that if I fail to perform my job satisfactorily that I may forfeit any pending tuition reimbursement(s). I also understand that if I voluntarily or involuntarily for cause terminate employment with the Company pending tuition reimbursements will not be paid out and I will be asked to repay tuition reimbursement(s) received in the 24 months prior to my termination, based on a prorated schedule. I hereby authorize KLDDiscovery or their subsidiaries to deduct from my final pay any amounts owed from tuition reimbursement and understand that it is my obligation to repay the Company any remaining amount. The Company may take appropriate legal action to collect the monies due if payment arrangements are not made. I have completed the Educational Assistance form, included all required information, and obtained my manager's pre-class approval/signature. Upon completion of the class(es), I agree to provide proper documentation of my tuition and corresponding receipts along with letter grade(s)/pass-fail evaluation(s) for each of the classes. I hereby verify that all information stated on this form is true and correct.

 Employee's Name (print) _____ Employee's Signature _____ Date

Manager to approve and sign prior to enrollment in the class(es):

I approve of the above named employee's participation in the classes listed on this form based on his/her satisfactory performance of his/her job and is working a minimum of 40 hours at the time of this signing. The employee's chosen program of study is job or career related. The employee has agreed to demonstrate to me that there will be no interference with meeting job requirements as classes are completed and has been notified that performance issues that may arise during participation in the class(es) will be discussed and remediated immediately, and could result in the reimbursement being denied. Upon completion of the course, I understand that I will be contacted to recertify that the employee is in good standing and eligible for reimbursement. I understand that the cost of this benefit will be allocated to my department.

 Manager's Name (print) _____ Manager's Signature _____ Date

Procedure:

- Send forms to Benefits via email at Benefits@KLDDiscovery.com.**
- Within 30 days prior to start of the class(es) Employee will:**
- » Complete Educational Assistance form and obtain manager's *pre-class* signed (or e-mailed) approval before enrolling for the class
 - » Submit completed Educational Assistance Form, Promissory Note, and supporting documentation (course description, credits, tuition cost, etc)
- Upon completion of class(es) and no later than 60 days thereafter Employee will submit:**
- » Original Educational Assistance Form with manager's *post-class* initials filled in above
 - » Documentation of final grade/evaluation – must be letter grade of 'C' or better, or 'Pass' evaluation
 - » Documentation of Tuition costs – must show class name, semester and costs
 - » Copies of receipts (books, materials, lab fees, etc); refer to policy for list of non-eligible items
- Reimbursement will be processed via payroll within 2 pay periods of receiving all required documentation.**

Office Use Only	
HR	AP
_____ / _____ / _____ \$ _____	_____ / _____ / _____ \$ _____