

To request participation in CEI's Educational Reimbursement Program, please complete this form and obtain your manager's signature approving the courses in advance of enrollment. Please submit manager approved form to your HR Business Partner. Reimbursement is generally approved for courses that are related to your current and or future career with CEI.

Employee Information

Employee ID: _____ Name: _____
Job Title: _____ BU: _____
Manager Name: _____

Course Information

Institution Name: _____
Course Title: _____
Course Location: _____
Start Date: _____ End Date: _____

Fees
Registration Fee: \$ _____ Tuition Fee: \$ _____
Textbook Fee: \$ _____

Total Requested Reimbursement: \$ _____

Employee Signature: _____ Date: _____
Manager Signature: _____ Date: _____
HR Signature: _____ Date: _____

By signing this form, you acknowledge that you have read and agree to the Educational Reimbursement Policy.

Please submit the following documentation within 30 days of completion:

- An official statement or transcript of grades received
- Receipts for tuition payments