TUITION REIMBURSEMENT

POLICY SUMMARY

Employees of Crete Carrier, Shaffer Trucking, and Hunt Transportation ("the Company") who are interested in reimbursement for educational expenses must submit **Program Participation** and **Course Approval Forms *before enrollment*** and submit **Reimbursement Request Forms** following **each course**.

Eligibility: Full-time employees in good standing with at least one year of service.

- Courses must be related to the employee's current job or to the employee's potential advancement to a position within the Company.
- Institutions must be preapproved.

Reimbursement: The Company will reimburse to the employee the applicable percentage of the qualifying or eligible cost of tuition and textbooks. *Nonreimbursable items pursuant to this policy include but are not limited to fees, entrance exam expenses, and taxes.*

- **Grade A:** 100%
- **Grade B:** 75%
- **Grade C:** 50%
- **Pass-Fail:** 75% for passing
- No reimbursement will be made for a grade lower than C.
- Maximum reimbursement: $175 per credit hour; no more than $5,250 total per year.

Conditions:

- Approval will not be granted without a positive recommendation by the employee's supervisor.
- The Company's portion of the reimbursement shall not cause the total reimbursements from all sources to exceed 100% of the reimbursable costs allowed by the Company.
- Employees must submit a **Course Approval Request Form** before enrollment for each course.
- Employees must submit a **Tuition Reimbursement Request Form**, a transcript of their grades, and receipts for the expenses incurred no later than 30 days from the completion of the course.
- Employees seeking reimbursement for educational expenses must agree in writing to repay the Company in full within 90 days of their separation date if they leave the Company voluntarily or are terminated **within one year from the date of reimbursement**.
- Employees who take courses at the specific request or direction of management will be reimbursed for all costs in advance and will not be subject to repayment of the costs of these courses upon termination of their employment relationship unless otherwise agreed upon in writing by employee and Company.
- Employees are expected to schedule class attendance and the completion of study assignments outside of their regular working hours. It is expected that educational activities will not interfere with the employee's work, and unsatisfactory job performance during enrollment may result in forfeiture of educational assistance and termination of employment.

Questions? Contact Kathy Haake at khaake@cretecarrier.com or 402-479-2037.

TUITION REIMBURSEMENT

PROGRAM PARTICIPATION APPROVAL REQUEST FORM

Complete this form to request approval of program participation. Submit to Kathy Haake at khaake@cretecarrier.com.

EMPLOYEE INFORMATION			
Employee Name:	Date of Request:	Department:	Job Title:
Type of Study Program ☐ Degree seeking student ☐ Non-degree seeking student		Name of Program:	

COLLEGE/EDUCATIONAL INSTITUTION INFORMATION		
Name of College/Educational Institution:	Address:	
Start Date:	Anticipated Completion Date:	Tuition Cost Per Credit Hour: $ _____

EMPLOYEE ACKNOWLEDGMENT
By signing this request for educational assistance, I agree to abide by the Tuition Reimbursement Policy established and from time to time amended or modified by the Company. I understand that I must have been an employee of the Company for not less than twelve consecutive months prior to commencement of the course of study and must remain an employee for the duration of the course. If my employment relationship is terminated by the company or I voluntarily resign from the Company before completion of the course, do not complete the course for any reason, or do not maintain a grade of "C" or better, I understand I am solely responsible for the payment of all expenses and tuition associated with the course and no assistance will be forthcoming from the company. I further agree that if I have received tuition reimbursement funds from the Company and my employment relationship with the Company is voluntarily or involuntarily terminated, I will, within ninety (90) days following my last day of employment, repay the Company in full that amount of tuition reimbursement funds paid to me at any time within the 365 days prior to my last day of employment with the Company.
Signature_____ Date ___/___/___

SUPERVISOR AND DEPARTMENT HEAD INFORMATION
Department Head's Name _____
Supervisor's Name _____

Questions? Contact Kathy Haake at khaake@cretecarrier.com or 402-479-2037.

TUITION REIMBURSEMENT

PROGRAM PARTICIPATION APPROVAL REQUEST FORM

Supervisor and Department Head approval signatures to be obtained by employee, then submit form to Scholarship Coordinator, Kathy Haake, at khaake@cretecarrier.com.

SUPERVISOR SIGNATURE	
_____	____/____/____
Approved By	*Date*

DEPARTMENT HEAD SIGNATURE	
_____	____/____/____
Approved By	*Date*

*** * * BELOW FOR OFFICE USE ONLY * * ***

This section will be completed after submission.

☐ Employee eligible to participate at _____% level. Reimbursement % will be based upon grades received.

☐ Employee ineligible to participate in tuition reimbursement program.

If ineligible, reason for denial: _____

_____

_____

EXECUTIVE OFFICER SIGNATURE	
_____	____/____/____
Approved By	*Date*