

Application for Advance Educational Assistance and Reimbursement

Employee's Name						_ SSN#			
Date:	Employee Number				Shift				
Location:	☐ New Jersey ☐ South Carolina								
Supervisor's n	ame								
Are you eligible	e for or receiving	any financia	ıl aid from ar	ny other sou	rce? 🗆 Yes	s □ No			
If so, what is th	ne source of your	financial aid	I and what is	s the amount	of financial	aid you will r	receive this to	erm?	
What is the ma	ajor sought?								
How will this m	najor improve you	ır performan	ce?						
School name a	and address:								
Degree Sough	t: 🗆 aas 🗆 a	AAT □ AA	□ва□	МА □ МВ	SA □ AS I	□BS □M	S Certificate		
Class Title an	d Number	Start Date	End Date	Units or Credits	Tuition Amount	Fees Amount	Book Amount	Grade	
APPROVALS									
Supervisor's Approval						Date			
President's Approval						Date			

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Form #: HR-027 Rev. 0 Rev. Date: 03/06/07

Educational Reimbursement Acknowledgement of Payment Procedures

I understand that I must attach paid receipts and proof of registration when applying for advance payment. All grades below "C" for undergraduate courses and below "B" for graduate courses will require the employee to return the advance reimbursement paid by Constantia Hueck Foils L.L.C.

I understand that I must attach paid receipts and transcripts of final grades when applying for "tuition reimbursement". All grades below a "C" for undergraduate courses and below a "B" for graduate courses are ineligible for tuition reimbursement.

I also understand that should employment with Constantia Hueck Foils terminate due to resignation or violation of a company policy or supervisory directive within the first 12 months, you will be responsible for 50% of reimbursement to Constantia Hueck Foils LLC, within 13-24 months, 30% and 20% within 25-36 months.

Employee's Signature	_ Date:		
Supervisor's Signature	Date:		
President's Signature	Date:		
President's Approval			
Approved by:	Date:		
George N. Thibeault, Jr.			

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President

Constantia Hueck Foils L.L.C.