



Education/Tuition Reimbursement Agreement

Full-time employees who have completed a minimum of one (1) year’s continuous full-time service are eligible to participate in Amerimed EMS’ Education/Tuition Reimbursement Program (the “Program”), the terms of which are summarized below. Employees must obtain advance written recommendation from their Division Manager, and written approval from the Office of the CEO, in order to be eligible for the Program. If the employee has not obtained written approval prior to taking the course, the employee will be responsible for bearing the cost of the course.

Instructions: Please complete all of the following items and submit to your Division Manager	
Date: _____	
Employee Name: _____	Employee SSN: _____
Employee Job Title: _____	Primary Work Location: _____
Information Regarding Education Program (please specify)	
School/Institution/Course Provider: _____	
Course Title: _____	Course ID: _____
Start Date: _____	End Date: _____
Cost of Course: _____	

Terms: If advance approval is granted, the employee will be reimbursed for the cost of the course upon the employee’s “successful completion” (as defined below) and receipt of an invoice from the course provider showing the course has been paid for. Amerimed generally will not pay for the cost of books or any other expenses associated with the course. Successful completion of a course means achievement of a grade of “B or higher ” (numeric score of 80+), or a “pass” if the course is only offered on a pass/fail basis. This benefit has a cap of \$3,000 extended for the tenure of the associate.

In the event an employee separates from Amerimed (except due to job elimination) or converts to part-time status (unless otherwise approved) within 12 months from the date of course completion, he/she must reimburse Amerimed for any payments made to the employee under this Program. Amerimed reserves the right to withhold any monies owed through payroll deductions as needed.

I acknowledge that I have read Amerimed EMS’ Education/Tuition Reimbursement Program Terms above and agree with the terms:

Employee Signature

Date

General Manager Approval

Date

Division Manager Approval

Date

OCE Approval

Date

Area Manager Approval

Date