



Education Reimbursement Form

Eligibility Requirement: Available after 500 Hours of Service to TeamPersona. Please review all other eligibility requirements listed in the Employee Handbook. Only courses taken after the eligibility requirements are met will qualify for reimbursement.

EMPLOYEE INFORMATION

Name: _____ Social Security #: _____

Date of Hire: _____ Client: _____

COURSE INFORMATION

Course Name: _____

Instructor Name: _____

Where Attended: _____

Course Date(s): _____

Grade Received: _____

Please attach a copy of your report card.

Course Cost: _____

Please attach a copy of your payment receipt.

10% Reimbursement Amount: _____

Annual maximum reimbursement of \$500.

Paid By: Check Cash Credit Card _____

I certify that the above information is true and correct to the best of my knowledge. I authorize my employer, TeamPersona, to independently verify the information contained herein.

By: _____

Date: _____

FOR OFFICE USE ONLY

Approved By: _____ Date: _____

Check #: _____ Date Paid: _____

Amount Paid: _____