

# EDUCATIONAL ASSISTANCE PROGRAM AGREEMENT

(Present the following to your employer for tuition assistance.)

## SUMMARY

\_\_\_\_\_ (the “Practice”) supports employees who want to pursue further education or training with ClinchCM Inc. for their professional development. The Educational Assistance Program Agreement (the “EAP”) sets out requirements for reimbursement of professional development courses, programs, or activities undertaken by employees.

## SCOPE

The EAP applies to all employees of the Practice who have completed their probationary period.

## POLICY STATEMENT

The Practice has established the following rules around reimbursement of professional development activities:

- Courses, programs, or activities must be relevant to an employee’s role and beneficial to the Business.
- The EAP does not cover personal development; training or development that does not support job-related skills or job-related effectiveness are not reimbursed.
- The Practice will reimburse up to \$2500 for a course, program, or activity per eligible employee per year.
- Employees must seek approval from the Practice before beginning a course, program, or activity for which they expect to receive reimbursement.
- Approval will be at the discretion of the Practice, taking into account the relevancy to the employee’s role, the benefit to the Practice, and budget availability.
- Employees will be required to demonstrate proof of attendance and/or completion of a course, program, or activity.
- All professional development efforts should respect cost and time limitations, as well as individual and practice needs.
- The Practice will not reimburse expenses for repeated courses, programs, or activities due to unsuccessful attempts.
- The Practice has the right to perform an evaluation at any time during the course, program, or activity to ensure quality and obtain useful information for future applicants.

**TERMINATION OF EMPLOYMENT**

If a worker’s employment is terminated for any reason whatsoever, whether occasioned by the employee or by the Practice for cause or without cause, the employee must refund the Practice the costs covered by the Practice under the EAP, as follows:

<b>When Termination Occurs</b>	<b>Refund</b>
Less than 12 months after completion of course, program, or activity	100%
More than 12 months but less than 24 months after completion of course, program, or activity	50%

**REVIEW OF THE EDUCATIONAL ASSISTANCE PROGRAM**

The EAP will be reviewed and may be amended from time to time based on the needs and experiences of the Program.

**ACKNOWLEDGEMENT & AGREEMENT**

I acknowledge that I have read, understand, and agree to abide by the Educational Assistance Program Agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature