Education Assistance Employee Advance

* I understand that [Company Name] is advancing me $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to pay for expenses related to courses or training approved on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the company’s Education Assistance Program, which will be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Completion Date”).
* I understand that this is a loan that I am required to repay the company in full either: (1) within 60 days of the Completion Date, provided I continue to attend the approved course or training; or (2) if I stop attending the approved course or training, within 30 days of the last day I attended the approved course or training (“Due Date”).
* I authorize the company to deduct the amount of this advance from any payment I receive under the Education Assistance Program.
* If my employment at the company ends before this advance is repaid in full, I authorize the company to deduct any balance owed from my final paycheck.
* If I do not repay this advance in full by the Due Date defined above, I authorize [Company Name] to deduct the balance owed from my paychecks until the entire advance has been repaid in full, subject to applicable law, or unless otherwise agreed to in writing.

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| Employee Signature |  | Date |
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| Employee Name (print) |  |  |