

Master's Degree Educational Assistance Agreement

You are requesting admission to the University of Arizona Global Campus as part of ALPLA's Educational Assistance Program. In accordance with our policy, you must complete the following Educational Assistance Agreement and discuss it with your immediate supervisor. Your supervisor will determine if the proposed course of study directly and substantially relates to improving productivity in your current job or will enhance your potential for advancement to a position within ALPLA. If you are eligible for the ALPLA Educational Assistance program and your supervisor supports your course of study, he/she must sign this form and you will need to submit it to your local Human Resources department for final approval.

As part of our partnership with the University of Arizona Global Campus, ALPLA agrees to pay the cost of tuition, books and other course materials up to \$5,000 per calendar year.

Program: _____

Academic Year: _____

Courses to be taken this academic year: _____

By signing this agreement, you agree to the following:

I will repay ALPLA according to the following schedule if I voluntarily resign after ALPLA is invoiced by the University of Arizona Global Campus for educational expenses incurred by me:

- Less than 12 months - 100% of educational expenses paid by ALPLA
- More than 12 but less than 24 months - 75% of educational expenses paid by ALPLA
- Between 24 and 36 months - 50% of educational expenses paid by ALPLA

If I fail to complete the full degree program, I will repay ALPLA all money paid to the University of Arizona Global Campus under the Master's Degree Educational Assistance Agreement.

Any repayment will be made within one month of my termination date.

If any action is brought to enforce any provision of this Agreement by ALPLA, Inc., I agree to pay all costs associated with the action as well as any costs of litigation, including all reasonable attorney fees.

This Educational Assistance Agreement creates no contract of employment between me and ALPLA, Inc. I may terminate my employment with this company at any time with or without cause, and ALPLA, Inc. may terminate my employment at any time with or without cause.

I have read and agree to abide by the above conditions.

Employee _____ Date: _____
Printed Name Signature

Educational Assistance Approved by:

Manager _____ Date: _____
Printed Name Signature

Human Resources _____ Date: _____
Printed Name Signature