



Bachelor’s Degree Educational Assistance Agreement

LOCATION: _____

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.

If you have any questions regarding our Educational Assistance policy or this Agreement, please contact your local Human Resources representative.

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:

If you voluntarily resign your employment with ALPLA within one year from the date ALPLA is invoiced by the University of Arizona Global Campus for educational expenses incurred by you, you will refund, within one month of your termination, the entire amount of the educational expenses paid by ALPLA.

If any action is brought to enforce any provision of this Agreement by ALPLA, Inc., you 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 you and ALPLA, Inc. You may terminate your employment with this company at any time with or without cause, and ALPLA, Inc. may terminate your 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