

## Tuition Reimbursement Request Form

For pre-approval, submit this form, documentation from the school showing the required courses and course descriptions, and an itemized list of anticipated tuition and expenses for the semester to your manager and HR Business Partner. Completed forms and supporting documentation should reach your HR Business Partner at least 30 days prior to the class start date to obtain pre-approval. This form is not an approval of reimbursement, which will only occur as set forth by the Watts Water Tuition Reimbursement Policy.

### Personal Information

Full Legal Name:		Date of Hire:	
Title:		Full/Part Time Status:	
Department:		Email Address:	
Manager Name:		Phone Number:	

### Program Information

Program Type:    Associate's    Bachelor's    Master's    Certificate    Continuing Education    Other

Name of Program:	Name of School:
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This Course/Program is:       Related to my current role at Watts  
     Related to future career development and a business/functional area at Watts

Course Name & Number	Course Start Date	Course End Date	Amount \$ (Tuition/Fees/ Books)
<b>Total Amount (\$):</b>			

Calendar Year to Date Reimbursement Total (\$):
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In signing this form I confirm that I have read and agree to the terms of Watt's Tuition Reimbursement Policy. I also confirm that I have not been guaranteed or promised any promotions or advancements for pursuing additional education, courses, or degrees for which I am seeking reimbursement. I understand that my application will not be considered if I do not meet the requirements of the Policy, if it is not completed in full with the supplementary documents attached or if I don't receive the minimum required grade. I also agree that I will have to reimburse the Company the amount reimbursed if I voluntarily resign within 12 months after finishing the course, for which I approve the Company to offset any amount that is owed from my final paycheck, if permitted by state or provincial law. For larger amounts, a repayment plan may be instated and will be agreed upon with our legal department.

Employee Name:	Signature:	Date:
Manager Name:	Signature:	Date:
HR Business Partner Name:	Signature:	Date: