



# TUITION REIMBURSEMENT APPLICATION

Date / /
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PLEASE COMPLETE ALL SECTIONS				
Associate Name	Associate #	Store# / SSC	Department #	Position
Course Title		Course Fee	Start/End Dates	
Diploma/Degree to be Obtained			Original Date of Hire	
Name and Address of Institution				
How will this course help you at Home Depot?				
Store Manager/SSC Manager Comments				

WAIVER CLAUSE (To be completed for tuition reimbursement amounts that exceed \$1,000)	
<p><u>I understand that it is a condition of the Tuition Assistance Program that I remain actively employed with Home Depot for at least <b>ONE YEAR</b> after the reimbursement of my tuition under the company program.</u></p> <p>If I fail to do so I hereby agree to reimburse Home Depot the amount of \$_____ (insert amount claiming for reimbursement) and if I fail to do so I authorize Home Depot to deduct this amount from any wages, vacation pay, termination pay or any other payment that maybe owed.</p>	
Associate Signature	Date

SIGNATURES	
Associate	Date
Store HRM	Date
Store Manager / SSC Manager	Date
District Manager	Date