

REIMBURSEMENT APPLICATION

Name of Employee _____ Phone Number (_____) _____
Home or cell

Company _____ Employee # _____ Store # _____

Job Title/Department _____ Length of time with Employer _____

Work Address _____
Street Address City State Zip code

Full Title of Course _____
(One course per application)

College/Provider _____ Ending date ____/____/____

Why did you complete this course? (Check all that apply)

- GE Requirement Degree Requirement (List Degree Program) _____
- Professional Development
- Other (Explain) _____

Tuition fee \$ _____ Books \$ _____
(Excludes misc. fees, e.g., student, health, parking, etc.)

1. The Foundation will reimburse employees up to \$200 per course. Employees are limited to a maximum annual reimbursement of \$1,000.
2. The Employee must have completed this course with a grade of C or better (or certificate of completion for seminar course). The Employee must have paid for the course with personal funds or student loans. **To request reimbursement, submit this form, completed in full, along with a tuition receipt and proof of completion from the course provider. A book receipt is also required.** An incomplete form or documentation results in the disapproval of the application.
3. Complete applications must be received by AGA **within two months from the end date of the course.** No exceptions allowed.
4. Employer must be a current member of the Alabama Grocers Association. Employee must work a minimum of 20 hours per week and must be continuously employed with the qualifying company for 1 year.
5. Both Employee and Employer acknowledge the program is on a "first come, first served" basis. All applications will be evaluated by the Approval Committee in the order in which they are received. Approval is granted without regard to race, color, creed, religion, age, gender, disability, national origin, sexual orientation, or other protected status. It is possible that funds for this program may be depleted by the time this application is processed. The AGEF Board of Trustees and the Approval Committee have the sole discretion to disapprove any application and reserves the right to limit the amount of funding to any one company or individual based on aggregate usage or available funds.

By signing, I acknowledge that I have taken this course voluntarily and paid for it with personal funds.

Date _____ By _____ Employee's Signature _____ Email (please print) _____

Date _____ By _____ Supervisor's Signature _____ Supervisor's Name (please print) _____

Please allow 3-7 weeks for processing. Checks will be mailed to your supervisor for their distribution to you.

Mail to: AGA Educational Foundation
 P.O. Box 661106
 Birmingham, AL 35226

Questions: Contact Jessica Brown
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