



TRAINING/EDUCATION ASSISTANCE PROGRAM APPLICATION FOR TECHNICAL TRAINING, CERTIFICATION AND TUITION REIMBURSEMENT

Application Instructions: This application must be submitted for consideration of financial assistance provided by SIMON to cover costs of technical training for enhancing job-related knowledge and skill, to obtain certification/credentials relevant to a job role, and/or for reimbursement of tuition and related expenses for university coursework as part of an undergraduate or graduate program. The application must be submitted prior to the start of the training program, college course/semester, and/or date of certification exam. Individuals seeking benefit through this program must review and sign the applicable *Training/Education Assistance Policy and Guidelines*. Applications are subject to approval by the employee's functional manager, regional manager/executive leader, and HR. The application and approval process will be administered by the HR Department.

APPLICANT AND PROGRAM INFORMATION		
NAME	JOB TITLE	DATE OF HIRE
REGION	SUPERVISOR	
DEGREE/CERTIFICATE/LICENSURE LEVEL		
<input type="checkbox"/> Technical Training <input type="checkbox"/> Certificate/License <input type="checkbox"/> Undergraduate Program <input type="checkbox"/> Graduate Program		
TRAINING/CERTIFICATE/DEGREE PROGRAM NAME OR DESCRIPTION (Attach course syllabus, description, fee structure, etc. as applicable.)		
NAME AND ADDRESS OF PROGRAM PROVIDER, CREDENTIALING AGENCY, OR UNIVERSITY (Include website address if applicable.)		
START DATE OF TRAINING/COURSE/SEMESTER	END DATE OF TRAINING/COURSE/SEMESTER	
I understand that participation in the Training/Education Assistance Program is subject to the provisions of the applicable program policy and guidelines, including my obligation to the Company for at least 1 year following completion of training, certification, or coursework, or I will be subject to repayment of a pro-rata share of the cost. I also understand I will be required to sign acknowledgment of the applicable Training/Education Assistance policy if my application is approved.		
_____ Employee/Applicant Signature		_____ Date
APPROVALS		
The individual above meets the eligibility requirements outlined in the applicable Training/Education Assistance Program policy and is recommended for enrollment.		
_____ Department/Functional Manager Name	_____ Signature	_____ Date
_____ Regional Manager/Executive Leader Name	_____ Signature	_____ Date
_____ Human Resources Representative Name	_____ Signature	_____ Date
HR: <input type="checkbox"/> Entered in log <input type="checkbox"/> Copy of applicable program guidelines acknowledgment on file		