

# Holiday Inn Club Vacations INCORPORATED

## HOLIDAY INN CLUB VACATIONS TUITION ASSISTANCE APPLICATION

All information requested below is necessary for Holiday Inn Club Vacations to process your request for Tuition Assistance. Please make sure all information is complete and accurate for this application.

**Complete One Application Per Course**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Hire Date: \_\_\_\_\_

I hereby submit the course described below for approval under Holiday Inn Club Vacation's Tuition Assistance Policy

**Step 1 – To be completed prior to course Start**

School Name: \_\_\_\_\_ Degree/Major (If applicable) \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Start Date (mm/dd/yy): \_\_\_\_\_ Course End Date (mm/dd/yy): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 2 – To be completed after course completion**

- \_\_\_\_\_ I have attached the course description.
- \_\_\_\_\_ I have attached the Invoice(s) for Tuition
- \_\_\_\_\_ I have attached the Tuition Payment Receipt(s) showing amounts paid out of pocket.
- \_\_\_\_\_ I have attached the final grades of the course(s) and understand I will get reimbursed the percentage corresponding to the grade.

This Application should be submitted within 60 days of course completion to be eligible for the reimbursement. Once signed by the departmental Leader for approval forms must be scanned or faxed to HR Link at [HRLink@holidayinnclub.com](mailto:HRLink@holidayinnclub.com).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Leader: _____	Date: _____
Human Resources: _____	Date: _____
Amount Approved: _____	GL Number: _____