# Publix.Tuition Reimbursement Program

## **Undergraduate Reimbursement Request Form**

#### Instructions

After each class ends the Tuition Reimbursement department must receive a completed copy of this form, a copy of your grade report, and an itemized receipt (showing a breakdown of your tuition cost for each class and the method/s of payment) within 45 days for it to be considered for reimbursement. On-line print outs are acceptable. You may send these documents through interoffice mail, by fax to (863) 284-3325, or through the U.S. mail to the following address:

Publix Super Markets, Inc. Human Resources/Tuition Reimbursement Program P.O. Box 407 Lakeland, FL 33802-0407 be Tuition Reimbursement Program we can be read

If you have any questions about the Tuition Reimbursement Program we can be reached at (863) 688-7407 ext. 54250 or at TuitionReimbursement@Publix.com. When contacting our department you will need to provide your Publix personnel number, which is located on your paycheck.

#### **Associate Information**

Name:				Publix Personnel Number:						
Job Title:						@				
Store Number or Support Department Name:					Division:					
Are you interested	d in pursuin	ng a career with	Publix after graduat	ion? 🗌 Yes 🗌						
If yes, in what capacity or department?										
Are you willing to relocate after graduation for a career with Publix?										
What is your long term career goal?										
School & Course Information										
School Attended: Expected Graduation Month and Year:										
Declared Major:				Is this your last course before graduating? □Yes □No						
Current Classification: Freshman Sophomore Junior Senior										
Class(es) taken during: Spring Summer Fall Winter										
Course #	Course Title		Title	Start Date	End Date	Credit Hrs	Grade			
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#### Payment Information - from your attached receipt(s)

Total Tuition Cost	\$		
Methods of Payment	Amount of Payment		
Grants and/or Scholarships*	\$		
Loans and/or Prepaid Tuition	\$		
Cash, Check, Money Order and/or Credit Card	\$		

\* Tuition expenses that were paid for with grants or scholarships are not reimbursable.

#### For Office Use Only

### Reimbursement Criteria

To be eligible to receive reimbursement, you must • be a current and approved Tuition Reimbursement participant on the date funds are scheduled to be disbursed

- pursue a qualifying major at a regionally accredited school
- be an active associate with at least six months of consecutive service since your last hire date
- maintain a minimum average of 10 work hours per week based on a 52 week average or entire employment if employed less than 1 year
- maintain a minimum Total Performance Rating of Meets Expectations/Successful and
- receive a grade of "C" or better in the class

Last Hire Date:// Avg Number of Hours:	Did the associate's major change? Did the associate change schools?	☐ Yes ☐ Yes	□ No □ No
Approved in the amount of \$	Met annual limit?	🗌 Yes	🗌 No
Denied because	Met lifetime limit?	🗌 Yes	🗌 No
Initial Date/			061710