



Education Assistance Application and Service/Repayment Agreement

Instructions:

1. Complete form in full.
2. Scan copy of final grade report, paid receipts (tuition, fees and textbooks) and completed form, and send in one email to HREmpServicesInbox@dominionenergy.com, or fax to 1-888-616-7538. If no access to email, please mail via interoffice to Employee Services, OJRP-13, Richmond, VA.

NOTE:

1. If you or your approver are uncertain as to whether or not a course will be eligible for reimbursement under Dominion's Education Assistance Program, please contact Employee Services prior to enrolling in the course.
2. You will have a maximum of six months from the date that you complete the course(s) to submit an application.
3. Reimbursement will **NOT** be processed unless form is completed in full and all necessary documentation is attached.
4. **Once processed my reimbursement should be received within two pay cycles.**
5. There is a \$5250 limit per year for reimbursement amounts.
6. See *Education Assistance Program Summary Plan Description (SPD)* on HR's website for complete guidelines.

*Denotes a Required Field

Employee			
Employee EID		Employee Name	Personnel No.
Job Title		Department	Location
Name of School		Degree Major	
Type of Degree (Select one only)		Group VP Signature (Required for Doctorate Program only)	Date
<input type="checkbox"/> GED	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Doctorate	
<input type="checkbox"/> Associate	<input type="checkbox"/> Master		

Course 1 - Type of Course <input type="checkbox"/> Core <input type="checkbox"/> Elective <input type="checkbox"/> Other			
Course Number	Course Name	Course Begin Date (MM/DD/YYYY)	Course End Date (MM/DD/YYYY)
Textbook Title(s)			
Tuition Cost	Fee Cost	Textbook Cost	Final Grade
Course 2 - Type of Course <input type="checkbox"/> Core <input type="checkbox"/> Elective <input type="checkbox"/> Other			
Course Number	Course Name	Course Begin Date (MM/DD/YYYY)	Course End Date (MM/DD/YYYY)
Textbook Title(s)			
Tuition Cost	Fee Cost	Textbook Cost	Final Grade
Course 3 - Type of Course <input type="checkbox"/> Core <input type="checkbox"/> Elective <input type="checkbox"/> Other			
Course Number	Course Name	Course Begin Date (MM/DD/YYYY)	Course End Date (MM/DD/YYYY)
Textbook Title(s)			
Tuition Cost	Fee Cost	Textbook Cost	Final Grade

Employee Statement: In the event that I terminate my employment voluntarily, I acknowledge and agree that I will be obligated to reimburse the company an amount equal to the total payments made to me or to a third party on my behalf under the Dominion Energy Virginia Education Assistance Program during the 12 months immediately prior to termination.	
Employee Signature	Date (MM/DD/YYYY)
Approver	
Instructions: Sign & Date form indicating reimbursement approval.	
Approver Signature	Date (MM/DD/YYYY)

TO BE COMPLETED BY EMPLOYEE SERVICES

Tuition Reimbursement	\$	Approval
Fee Reimbursement	\$	
Textbook Reimbursement	\$	Date