

FirstEnergy
EMPLOYEE EDUCATION ASSISTANCE PLAN
PRIOR APPROVAL FORM FOR EMPLOYEE REQUESTING EDUCATIONAL REIMBURSEMENT
FORM NO. X-810 (REV. 12-24) PAGE 1 OF 3

I am requesting advance approval that the costs of the following degree program or non-degree course(s) are eligible for reimbursement under the Employee Education Assistance Plan.			
EMPLOYEE NAME		CONTACT PHONE NO.	STATE OF RESIDENCE
JOB TITLE	DEPARTMENT		COMPANY
WORK PHONE NO.	MAIL STOP		EMPLOYEE ID NO.
SUPERVISOR		MAIL STOP	LOCAL BARGAINING UNIT NO. (If Any)
NAME OF EDUCATIONAL INSTITUTION			STATE OF SCHOOL
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> CHANGE TO ALREADY APPROVED PROGRAM		REASON FOR CHANGE	
WHAT MAJOR OR AREA OF CONCENTRATION? (For clarification, attach any pertinent information concerning course of study.)			
<input type="checkbox"/> ASSOCIATE'S <input type="checkbox"/> BACHELOR'S <input type="checkbox"/> MASTER'S <input type="checkbox"/> CERTIFICATE DIPLOMA <input type="checkbox"/> PROFESSIONAL ACCREDITATION <input type="checkbox"/> PSI			
IF OTHER, PLEASE SPECIFY			
DATES PROGRAM / COURSE STARTS AND STOPS		DATE DEGREE / CERTIFICATE EXPECTED	
HOW IS COURSE OF STUDY RELATED TO YOUR JOB AND/OR CAREER GOALS WITH THE COMPANY? BE SPECIFIC.			
SUPERVISOR'S COMMENTS ON COURSE / PROGRAM. HOW WILL THIS PROGRAM BENEFIT THE COMPANY?			
EMPLOYEE SIGNATURE		DATE	
APPROVALS			
SUPERVISOR *	DATE	ACCESS CODE / EXTENSION OR AREA CODE / PHONE NO.	
HR EMPLOYEE DEVELOPMENT	DATE	LOGGED DATE	LETTER SENT TO EMPLOYEE
The above approvals cover the education referred to herein. If changes are made to this program/plan, a new form X-810 is required. You will receive an approval letter from Corporate Human Resources confirming your eligibility for the reimbursement.			

PLAN SUMMARY

FOR USE BY — Full-time regular employees covered by the program.

MORE INFO — Refer to your Employee Tuition Reimbursement & Benefits Handbook for plan details, i.e., eligibility, approved courses of study, learning institutions, and reimbursement schedule. See Other Benefits Tab.

PROGRAM APPROVAL — To obtain approval on degree program or course(s):

- ☐ Complete form X-810 including the FirstEnergy Employee Educational Assistance Repayment Agreement.
- ☐ After you complete this form, route for approval to your supervisor and then to the Corporate Human Resources Benefits Section by creating a ticket in Empower and attaching the form to assure the cost of the course of study is reimbursable.
- ☐ After review and counseling as necessary, a copy of the request will be returned to you.

REIMBURSEMENT — Upon satisfactory completion of the course(s), submit approved Request for Tuition Reimbursement Form X-2692 along with photocopy of proof of course grades and an itemized statement of charges from the school. Reimbursements will be submitted by creating a ticket in Empower and attaching the required documents

Note: Grade reports issued to the student via the internet may be used if they are final and contain information identifying the student.

PAYMENT — After reimbursement approval, the Reimbursement Request Form will be sent to Tuition Reimbursement and reimbursement will be included in your paycheck. Payment usually will be within 2-3 weeks after Tuition Reimbursement receives the form. Taxes, if applicable, will be withheld from your payment.

CLARIFICATION — Questions concerning this program in general should be directed to your local Human Resources office or the HR Service Center.

For questions concerning submitted documents, please submit a ticket in Empower.

Please read the following agreement carefully. All employees eligible for Employee Educational Assistance must sign and return this Repayment Agreement prior to beginning their classes.

In order for your Employee Educational Assistance Prior Approval form (X-810) to be approved for tuition reimbursement through the FirstEnergy Employee Educational Assistance Plan, you must complete and return this Repayment Agreement along with your Prior Approval form. Once approved for your program, the terms of the Repayment Agreement shall be controlling.

I hereby agree to repay any tuition reimbursement amounts for classes taken and reimbursed to me by FirstEnergy after January 1, 2010 if I terminate my employment within two (2) years of the completion of the classes FirstEnergy reimburses to me. Termination includes my voluntary resignation, or discharge for disciplinary reasons, including but not limited to, unlawful or criminal conduct, falsification of records, physical violence, destruction of company property, or violations of company policy (written or unwritten), including policies with respect to discrimination or harassment (including sexual harassment). I further understand the terms of this Repayment Agreement do not apply if I am involuntarily separated by the company under circumstances that qualify me for benefits under a severance plan, or in retirement plus eligibility for benefits under the applicable pension plan.

I agree FirstEnergy may deduct any amount due under this agreement from any final wages, vacation pay, commissions, bonus, or other compensation due to me upon termination of my employment or thereafter. If my final wages are not sufficient to repay the full amount, then I agree to repay any amounts remaining in the following manner:

- A lump sum payment within sixty (60) days of termination; OR
- An installment payment plan for a term not to exceed two (2) years. No interest will be charged as long as payments are made consistently and timely. In the event that delinquency occurs, interest at the current prime rate plus two (2) percent will be charged for each month that the payments are due.

If I fail to meet the terms of this repayment agreement, I further agree to pay any and all attorney fees incurred by FirstEnergy in order to enforce its rights to reimbursement under this agreement.

I understand that this repayment agreement does not create a contract of employment nor does it in any way alter my status as an employee with FirstEnergy.

By signing below, I accept and agree to the terms of this agreement.

Printed Name

Employee ID Number

Signature

Date

*****HR USE ONLY*****

Date Received _____

Date Approval* Sent _____

*Includes approval letter, copy of repayment agreement, and copy of Employee Educational Assistance Plan.