

Publix Tuition Reimbursement: Graduate Program Repayment Agreement

We are pleased to inform you that you have been accepted as a graduate participant in the Publix Tuition Reimbursement Program. As a graduate participant, you are eligible to receive reimbursement for the tuition expenses, minus grants and/or scholarships, up to the maximum amount established by Publix. The current graduate limit is \$16,900.

Associate's Name: _____ **Department:** _____

Personnel Number: _____ **Current Position:** _____

Major: _____ **School:** _____

Repayment information

Due to the financial investment Publix is making in your advanced level of education, you agree to work for Publix in your current or higher-level full-time position during participation and for two (2) years following the final reimbursement payment and to provide your best efforts to Publix during this time.

If at any time during your participation or the two (2) years following your final reimbursement payment, you cease to be an associate of Publix or transfer into a lower-level position, you are obligated to repay Publix the entire amount of tuition reimbursement received while in the Tuition Reimbursement graduate program.

Associate acknowledgement

I acknowledge that I am entering into this agreement voluntarily and that the sums paid on my behalf are principally for my benefit. By signing below, I signify my acceptance of the terms of this agreement and that I am entering into the agreement voluntarily.

Signature: _____ **Date:** _____

Management signatures

Department head's printed name	Department head's signature	Date
Vice president's name	Vice president's signature	Date

This Agreement is not a contract for employment for any term or length of time. Your employment with Publix will be at will, such that you are free to end your employment and Publix is free to terminate your employment for any reason during this 24-month period or thereafter. Should you cease to be employed by Publix for any reason, you will be obligated to repay Publix as detailed above.

Associate instructions: Sign this form, obtain signatures from your department head and vice president, and mail the form to HR/Tuition Reimbursement.

Updated: 12/31/2021