



SONESTA

Tuition Reimbursement Form

Employee Information

Employee Name	
Sonesta's Date of Hire	
Full-Time or Part-Time (Min. 21 hr/wk)	
Job Title	
Hotel Name and Location	
Tuition Reimbursement Received YTD	

Course Information

Name of Institution	
Degree/Certificate Program	
Course Title/Name	

Cost Information

Cost of Tuition	
Cost of Books	
Registration Fees	
Total Amount Requested (Must not exceed \$3,000.00)	

Part I – Approval Prior to Enrollment

Note: Part I of this form will need to be submitted prior to enrollment.

Attachments

- Tuition costs and text book(s) for which reimbursement will be sought
- Course description/Syllabus
- Promissory Note

Signatures	Printed Name	Signature	Date
Employee			
Supervisor			
General Manager			
RDO			
HRD or Benefits Team			

Part II – Approval to Reimburse

Note: Part II of this form will need to be completed and submitted along with initial form (Part I) within forty-five (45) days of course completion (once course is completed and grades are available).

Attachments

- Final Grade (Transcripts showing B- or better, or 'Pass' document)
- Proof of Payment

Signatures	Printed Name	Signature	Date
Employee			
Supervisor			
General Manager			
RDO			
HRD or Benefits Team			

Date Submitted to Accounts Payable (AP): ____/____/____

Date First 50% was Processed (Paid) by AP: ____/____/____ (Payment #1)

Date Second 50% was Processed (Paid) by AP: ____/____/____ (Payment #2, six (6) months after Payment #1)