



Educational Assistance Application & Agreement
FORM EA1 (complete prior to course registration)

Employee to Complete with their Leader

Section 1: Employee Information	
Name	
Position	
Financial Dimensions	
Hire Date	
Leader	
Date of Application	

Section 2: Course or Program Information	
Course/Program Title	
Institution/Provider	
Accredited Institution	☐ Yes ☐ No
Start Date	
End Date	
Is this part of a certificate/diploma/degree program?	☐ Yes ☐ No If yes, specify:

Section 3: Estimated Training Costs	
Tuition	\$
Registration Fees	\$
Required Textbooks	\$
Exam/Certification Fees	\$
Total Estimated Cost	\$

Section 4: Benefit of Training
☐ Improve skills or performance in current position ☐ Prepare for additional responsibilities ☐ Required to maintain professional designation ☐ Supports future role development through addressing competency gaps (select which): ☐ <i>Business Acumen & Strategic Thinking</i> ☐ <i>Demonstrating Accountability</i> ☐ <i>Teamwork & Collaboration</i> ☐ <i>Managing Change</i> ☐ <i>Developing our Talent</i> ☐ <i>Skilled Communication</i> ☐ <i>Customer Focus</i> ☐ <i>Innovative Thinking</i> ☐ Other (explain):



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Section 5: Grant Eligibility

Grant eligibility must be assessed prior to application submission. Contact training@cedagroup.com to initiate assessment.

Learning & Development to Complete

Section 5 Continued: Grant Eligibility

Reviewed	☐ Yes ☐ No
Grant Funding Status	☐ Eligible ☐ Not Eligible
L&D Name	
L&D Signature	
Date	

Leader to Complete, Employee to Sign & Date

Section 6: Employee Agreement & Return Service Agreement (RSA) Requirements

I acknowledge and agree to the following terms as outlined in the Employee Education Assistance Policy and this Educational Assistance Application & Agreement (EA1):

1. Payment of Training Costs

Training costs may be paid either by CEDA directly or initially by me, depending on provider requirements, grant conditions, or business unit practice.

- If **CEDA pays upfront**, I understand that I am still required to meet all successful completion and submission of required documentation outlined in the Employee Education Assistance Policy.
- If **I pay upfront**, I understand that reimbursement will only be issued in accordance with the policy upon successful completion and submission of required documentation as outlined in the Employee Education Assistance Policy.

2. Reimbursement Requirements

Reimbursement (where applicable) is provided only after:

- successful completion of the course or program, and
- submission of all required receipts, grade statements, and supporting documents.

3. Return Service Agreement (RSA)

If applicable, I agree to the Return Service Agreement requirements based on the total approved funding amount listed in this section. RSA requirements are:

- Under \$1,000: No RSA required
- \$1,000–\$3,000: 12-month RSA
- Over \$5,000: 24-month RSA or longer, depending on the nature of the program

If I resign or am terminated for just cause before completing the required RSA period, I understand that I must repay a prorated portion of the training costs in accordance with the RSA repayment schedule.

4. Repayment

I understand that repayment may be required under the following circumstances:

- **Repayment due to unsuccessful completion**

If I do not successfully complete or do not pass the approved course or program, I am responsible for repaying the full cost of the training, regardless of whether CEDA or a grant funded any portion of it. Repayment may be recovered through payroll deduction or by cheque payable to CEDA.



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○ **Repayment under the RSA**

If I do not fulfill the required RSA service period, repayment will be prorated based on the remaining commitment period and recovered through payroll deduction or cheque payable to CEDA.

By signing below, I confirm that I have reviewed, understand, and agree to the terms and conditions of this Educational Assistance Application & Agreement (EA1), including all payment, reimbursement, RSA, and repayment obligations.

Approved funding amount	\$
Employee Name	
Employee Signature	
Date	

Section 7: Approvals

Leader Approval

Approved	☐ Yes ☐ No
Training is tied to employee's development plan	☐ Yes ☐ No
Comments	
Leader Name	
Leader Signature	
Date	
VP Approval	
VP Name	
VP Signature	
Date	

Employee to Sign

Section 12: Final Acknowledgement

I acknowledge that I have reviewed the Education Assistance Policy and RSA requirements. I agree to the terms and conditions outlined in this agreement.

Employee Name	
Employee Signature	
Date	

**Completed form to be submitted to HR Business partner & Learning & Development
Department for processing**