



## Continuing Education Reimbursement Application

Complete this application and agreement, review and discuss with your manager to receive their approval and signature, then submit to [peopleservices@somalogic.com](mailto:peopleservices@somalogic.com) prior to beginning your course or program. Please refer to SomaLogic's Continuing Education Reimbursement Policy for additional program details and requirements.

For signatures at bottom – click to sign, continuing through pop-up messaging and then saving form.

1. Name:
2. Job Title and Department:
3. Manager:
4. Date of Hire (MM/DD/YYYY):
5. Course and Institution Name:
  
6. Development Objective (what long-term goal is this program/course intended to help you reach?):
  
7. Course Date (MM/DD/YYYY):
8. Amount Requested (receipt and proof of passing grade or equivalent will be required for reimbursement):

Employee Signature:

Date (MM/DD/YYYY):

Manager Signature:

Date (MM/DD/YYYY):

Functional Lead Signature:

Date (MM/DD/YYYY):