alteryx

Career Development and Education Assistance Program Application

Application

1. **Instructions:**
   - ☐ Complete this Career Development and Education Assistance Program Application, including all required signatures and approvals from your manager and HR Business Partner.
   - ☐ Submit the completed Career Development and Education Assistance Program Application to benefits@alteryx.com. The application must bereceived by HR prior to the start of the course.
   - ☐ Upon successful completion of the certificate or course(s), submit (i) itemized receipts for amounts being requested for reimbursement, and (ii) proof of completion/passing grade(s), to benefits@alteryx.com within 30 days after the program or course(s) has ended.

Please note that there is an annual limit for reimbursement under the Career Development and Education Assistance Program. Reimbursed amounts will count towards the limit in the calendar year in which the reimbursement is made, not the year in which the course(s) is taken. Any reimbursement requests received after December 20th of any given year will be reimbursed the following year.

2. **General Information:**

Name:_____ Job Title:_____

3. **Course Information:**
   - ☐ Name of College/University/Organization:_____
   - ☐ Degree/Program directly related to your current or future role here at Alteryx: □ YES □ NO
   - ☐ Type of Degree/Program: Certificate □ Associates □ Bachelors □ Masters □ Ph.D. □ Other:_____

Certification or Course Title/Program and Description	Start Date	End Date	Estimated Cost
1.			
2.			
3.			
4.			
5.			
		Estimated Total Cost:	
		Estimated Amount Requested for Reimbursement:	

Approvals:
I have read and understand Alteryx's Career Development and Education Assistance Program requirements. I also understand that to beeligible for reimbursement, I must remain actively employed and meet all Career Development and Education Assistance Programeligibility requirements.

Employee Signature	Print Name	Date
Manager Signature	Print Name	Date
HR Business Partner Signature	Print Name	Date

For HR Use Only

Total Amount Approved for Reimbursement: _____

HR – Benefits Team Signature	Print Name	Date