



**ARKANSAS SCHOOL**  
FOR MATH, SCIENCES, + THE ARTS

Tuition Reimbursement Request Form

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

University Attending: \_\_\_\_\_ Academic Year & Term: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Course Name & Number	Credit Hours	Frequency & Time
_____	_____	_____
_____	_____	_____

Employee Requirements: Reimbursement must be approved prior to the start of the semester.

\*Attach a one-page narrative detailing the coursework that the reimbursement is requested for and the benefit for ASMSA and the employee’s current position along with a printed program of study to request form.

\*If approved, submit a detailed account statement and proof of payment to Human Resources.

\* At the conclusion of the semester, submit proof of grades to Human Resources.

Employees are required to complete the coursework with an A or B grade in order to receive the tuition reimbursement. If employment with ASMSA does not continue for two years following the semester reimbursement, the employee shall reimburse ASMSA.

By signing, I agree that I will not allow participation in this course to interfere with the performance of my regular duties. I understand that in order to be eligible for reimbursement the above mentioned requirements must be met in full.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by HR:**

Received request \_\_\_\_\_ Employee included: Narrative \_\_\_\_\_ Program of study \_\_\_\_\_ Account statement \_\_\_\_\_

Final grades submitted \_\_\_\_\_ Amount to be reimbursed \_\_\_\_\_ Initials \_\_\_\_\_

Human Resources signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Director:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Comments: \_\_\_\_\_

Director’s signature: \_\_\_\_\_ Date: \_\_\_\_\_