



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 one year 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: _____