

TUITION REIMBURSEMENT REQUEST FORM

(Form is to be completed and approved each semester prior to or at the time of registration to qualify for tuition reimbursement)

Full-time regular employees are eligible to receive financial assistance for approved college study directed toward improvement of their qualifications. Please review the guidelines for tuition reimbursement as outlined in Policy 5.27.

- Reimbursement of tuition shall be up to an amount equal to 100% of the applicable undergraduate or graduate educational fee (tuition) at the University of Missouri-St. Employee tuition reimbursement covers tuition only and does not apply toward any special fees or book/supply costs.
- Financial assistance shall be limited to no more than eighteen credit hours for any fiscal year based on course completion date during which the employee is employed with East Central College.
- Tuition reimbursement will be subject to IRS guidelines regarding educational assistance.
- Employment is required to continue two calendar years following tuition reimbursement or make repayment.

Employee Name/ID #:		Department:		
☐ Associate ☐ Bachelor	inue to pursue the following degr MA/MBA/MFA (limit of 6) Post-secondary	Ed. Specialist	☐ Ph.D./Ed.D.	
☐ An official degree plan wisupervisor and area Vice Pre	ith an advisor signature is on file v sident.	vith Human Resource	es and has been app	roved by immediate
College/University: Anticipated Deg			npletion:	
	he following courses (must be cor Fall	mpleted semester pri		urses):
Course #	Course Title	Credit Hrs.	Day(s) of course(s)	Time of course(s)
assistance. I acknowledge that calendar years following tuitio tuition repayment will be ded vacation payout, the business	Vaiver and Tuition Reimbursement I will be responsible for repaymen on reimbursement. I acknowledge to ucted from the employee's vacation office will issue an invoice to the en ithin thirty days of the employee's	t to the College accord nat according to the po n payout. If there is a mployee and the balar	ding to policy if I tern olicy 5.27.4.g, reimbor remaining balance d nce due shall be paid	ninate employment before tw ursement due to the College fo ue after deduction from by check, cash or credit card
Employee Signature/Date				
Approving Officials:				
Supervisor Signature/Date	Vic	Vice President Signature/Date		
Human Resources Signature		College President Signature/Date		