OZARKA COLLEGE

Employee Tuition Reimbursement Guidelines

Ozarka College Employee Handbook states:

Continuing professional development is an essential part of staying current in a field as well as strengthening existing knowledge and skills. The goal of professional development is to improve employee job and performance thereby creating a more productive workplace.

If an employee wishes to enroll in a course or degree program designed to enhance or develop skills directly related to or required by the position currently held, that individual should petition his or her immediate supervisor who will bring the request to the attention of the President and the Administrative Council. If approval is granted, the College will reimburse the employee for required tuition/fees upon satisfactory completion of the course. The employee must provide to the Personnel Officer documentation of tuition and fees paid, attendance, completion and course work grade in order to receive the reimbursement.

All reimbursement for course work will be made at the end of the semester of successful completion of a “C” or better for undergraduate courses or a “B” or better for graduate courses. This form must be completed prior to each semester for which reimbursement is requested.

Any employee receiving tuition/fees reimbursement under these guidelines is required to remain employed at Ozarka College one academic semester for each semester of reimbursement received or to return to Ozarka College the full amount of reimbursement received unless the employee is terminated for cause or reduction in force.

I understand the above program and will comply with the required conditions for reimbursement of the following:

Course ________________________________________________________________

Date(s) _______________________________________________________________

Amount of anticipated expense (itemize as necessary)

____________________________________________________________________

____________________________________________________________________

Amount of actual reimbursement _________________________________________

Employee Signature  Date

Supervisor  Date

President Signature  Date