

**Ozarka College**  
**Employee Tuition Reimbursement Guidelines**

If an employee wishes to enroll in a course or degree program designed to enhance or develop skills directly related to or requested by the position currently held, the individual should petition his or her immediate supervisor who will bring the request to the attention to 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 work. The employee must provide to the Business Office documentation of tuition and fees paid, attendance, completion and course work grade in order to receive the reimbursement.

Per BPM 2.62, the acceptance of tuition reimbursement includes the commitment to continue working at the institution for one contract year, as defined by your position, after the most recent reimbursement period unless the employee is terminated for reduction in force. A contract year is defined by position, such as classified staff 12 months and all contract employees by their normal contract year length. The dissolution of a grant contract does not qualify as termination due to reduction in force. If employment ends before the one contract year period, the employee is responsible to reimburse the College for all tuition reimbursement received. Repayment is due by the final day of employment. Balances not paid will be submitted to the State of Arkansas for collection action. Employees are encouraged to seek clarification of these terms before accepting an employee tuition scholarship.

All coursework will require successful completion with a "C" or better for undergraduate courses or a "B" or better for graduate courses to qualify for reimbursement.

Refer to BPM 2.62 for the complete policy.

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

Course(s) \_\_\_\_\_

Date(s) \_\_\_\_\_

Type of Reimbursement:

Personal Enrichment:    \_\_\_\_\_Undergraduate    \_\_\_\_\_Graduate

Institutional Need:    \_\_\_\_\_Undergraduate    \_\_\_\_\_Graduate

Amount of actual reimbursement \_\_\_\_\_

\_\_\_\_\_  
Employee Signature                                  Date

\_\_\_\_\_  
Supervisor Signature                                  Date

\_\_\_\_\_  
President Signature                                  Date