

## **TUITION REIMBURSEMENT PROGRAM**

### **STAFFORD MUNICIPAL SCHOOL DISTRICT**

**Date:**

**Time:**

**Employee Name:**

**Employee Campus/Department:**

**Date documentation returned:**

**Does the employee work on a full time basis (not less than 30 hours per week):**

**Were the college hours earned on or after September 1, 2016?**

**Total amount of reimbursable college semester hours provided to HR for reimbursement:**

**Tuition reimbursement amount:**

**Level of coursework for consideration-1. Bachelors 2. Masters 3. Doctorate**

**Did the employee meet the grade requirement ("B" in a graduate course or a "C" in undergraduate courses) for reimbursement?**

**All applicable documentation has been submitted.**

**Transcript with courses listed:**

**Proof of tuition payment:**

**Amount awarded: \$**

***I understand that if I receive tuition reimbursement from Stafford MSD, I am expected to return to work at SMSD the following school year. If my employment with the District does not continue for the 2019-2020 school year, I understand I will be responsible for reimbursing the school district on or before my final payoff date for the amount of money allocated to me for tuition reimbursement. All amounts owed to the District will be deducted from my final payoff check.***

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**Employee Signature:**

**Date:**