

## Tuition Reimbursement Plan (see Policy 3.74)

### Policy for all Full-Time Employees

1. An application and Plan for Professional Development must be developed, approved by the supervisor and vice chancellor, and chancellor prior to enrollment.
2. Courses must be a part of a curriculum leading to a degree in a **job-related field** or the course must be **college-related**.
3. Courses must be offered by a regionally accredited institution of higher learning.
4. **Full-time employees who have completed one (1) year of full-time employment are eligible** for reimbursement under the Plan.
5. The employee must indicate in writing his/her intent to be under agreement to the college for the next academic year.
6. If employees are eligible to receive educational benefits from alternate sources, OTC will not reimburse these employees for their educational expenses.
7. All lower division baccalaureate courses (freshman and sophomore) must be taken at OTC. (Employee Tuition Waiver Policy 3.71)
8. Books and fees are not reimbursable under the Plan.
9. Reimbursement will be as determined periodically by the Board of Trustees.
10. Upon completion of the course with a grade of "B" or better, the employee must submit a copy of paid tuition receipt and a grade receipt to the Human Resources office for reimbursement. Reimbursement will be made in **June of each fiscal year**, upon receipt of paid receipts and grade record ("B" or better).

11. Funding for the tuition reimbursement plan will be dependent on the availability of funds in the annual budget. **Reimbursement amounts may vary as available funds will be distributed equally for all credit hours submitted.**

### Procedure for Qualifying Full-Time Employees

#### Step 1 Approval in Advance

After written approval from your vice chancellor, the following items should be submitted to the chancellor prior to starting any class:

- Memo to the Chancellor that states the institution you plan to attend, the degree you are seeking, and the rationale as to how this degree is job related.
- *Professional Development Approval* form.
- *Intent To Be Under Agreement* form for the next academic year.

#### Step 2 Completion of Course(s)

- On completion of the course(s) with a grade of "B" or better, the employee must submit a copy of paid tuition receipt and a grade record to the Human Resources office for reimbursement. Reimbursement will be made in June of each fiscal year, upon receipt of paid tuition receipts and grade record ("B" or better). Tuition Payment per credit hour may be pro-rated when the number of credit hours claimed exceeds the availability of funds for that year.

**Ozarks Technical Community College  
Professional Development Approval  
For OTC Employees Requesting Tuition Waiver**

Full-time employees who have completed one (1) year of full-time employment are eligible for reimbursement under the plan.

Must complete a new form each semester.

I. Name \_\_\_\_\_  
Employee ID# \_\_\_\_\_ Date of full-time employment \_\_\_\_\_  
Title \_\_\_\_\_ Department \_\_\_\_\_

II. Institution attending \_\_\_\_\_ Semester/Year \_\_\_\_\_

Course Code	Course Number	Course Credit	Course Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. Educational Plan

Attach an outline of your plan for degree completion and a rational for degree plan. Include a timeline, course/credit hours earned and to be completed (including those listed above), and the institution from which the degree will be received.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

Vice-Chancellor \_\_\_\_\_ Date \_\_\_\_\_

Chancellor \_\_\_\_\_ Date \_\_\_\_\_

# Intent To Be Under Agreement

I, \_\_\_\_\_, agree to be under agreement for

(Employee's Name)

\_\_\_\_\_ at Ozarks Technical Community College.

(Academic Year)

I further agree that if I am not under agreement for the academic year following the year in which I enter into this agreement, I will repay my prorated reimbursement for any funds I received from OTC for advanced studies. I also agree that any funds advanced to me that are then due to the College because I did not work during the academic year following this agreement can be withheld from my final paycheck.

\_\_\_\_\_  
(Employee Signature)

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