

Tuition Reimbursement Request/Process

The following steps must be followed when applying for Tuition Reimbursement:

1. The Tuition Reimbursement Request/Authorization form should be completed and submitted to the Human Resources department **prior to the start of the course**. The course(s) must be pre-approved by the Assistant Superintendent for People and General Administration in order for an employee to be considered for reimbursement.
2. Human Resources will email the authorized copy of the request/authorization form to the requesting employee.
3. Upon course completion, employees will submit official transcripts to the Human Resources department. These must be mailed to, 7700 Olive Blvd., University City, MO 63103 **or** electronically sent to HR@ucityschools.org. All official transcripts are required to be directly sent from the employee's college/university.
4. In addition to official transcripts, an itemized receipt of payment (for the courses for which reimbursement is requested) must be submitted to the Human Resources department. The itemized receipt of payment must be on an official document which will include (but not limited to) official letterhead, pertinent student information, and a zero balance/paid status.
5. The Human Resources department will review all submissions. In the event that additional information is required, the employee will be notified in a reasonable amount of time, to resume eligibility for tuition reimbursement.
6. All required documentation is due to the Human Resources department by **September 15th** of each school year.
7. Employees will receive tuition reimbursement by **October 31st** of each school year.

Tuition Reimbursement policy and procedure can be found:

- *Teacher/Certified Staff* Articles of Agreement (article 4530, page 39)
- *Support Staff* Articles of Agreement (article 4531, page 24)

Tuition Reimbursement Request/Authorization

To be eligible for reimbursement, approval must be obtained prior to course registration.

NAME:		SCHOOL YEAR:	
BUILDING:		STAFF TYPE:	☐ ADMINISTRATOR ☐ CERTIFIED ☐ SUPPORT

UNIVERSITY NAME _____ DEGREE TYPE: ☐ BA ☐ BA+15 ☐ MA ☐ MA+15 ☐ MA+45 ☐ Doctorate

COURSE TITLE	COURSE ID/#	START DATE MM/DD/YYYY	END DATE MM/DD/YYYY	NUMBER OF CREDIT HOURS	COST PER CREDIT HOUR <small>(exclude additional fees)</small>

TOTAL CREDIT HOURS: _____ TOTAL COST: _____

I acknowledge the following:

- I have read and understand the Tuition Reimbursement policy outlined in the Articles of Agreement.
- I must submit official transcripts and receipt of full payment in order to be reimbursed for course(s).
- It is my responsibility to submit an updated application if my courses change.
- I am guaranteed reimbursement for the value of 9 credit hours per year at the current rate of University of Missouri-St. Louis.
- I understand and agree that by applying for and accepting Tuition Reimbursement from the School District of University City in accordance with Article 4530 of the Articles of Agreement Pertaining to the Teaching Staff and Other Professional Staff, I will be required to repay an amount, up to and including the full amount of Tuition Reimbursement received, in the event that I separate from my employment with the District within one or two years of receiving this reimbursement.
- I understand and agree that, if I separate from my employment within one year of receiving the reimbursement, I must repay the District 100% of the reimbursement received.
- I understand and agree that, if I separate from my employment within two years of receiving this reimbursement, I must repay the District 50% of the reimbursement received.
- I understand and agree that, if I am an employee classified as Administrator, I must repay the District 100% of the reimbursement received, in the event I separate from the District within two years of receiving this reimbursement.
- I hereby authorize the School District of University City to deduct the full amount of the repayment owed at the time of my separation from employment from my final paycheck(s).

*REVISED 7/2026

EMPLOYEE SIGNATURE _____ DATE _____

- ☐ **Approved by Assistant Superintendent for People & General Administration** _____
☐ **NOT Approved by Assistant Superintendent for People & General Administration** _____

ADDITIONAL NOTES: _____