



Graduate School Assistance Program Approval Request

Employee Name: _____

Employee ID#: _____ Department: _____

Hire Date: _____ Manager Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

College/University Name: _____

Course Name: _____ Credit Hours: _____

Course Start Date: _____ Course End Date: _____

Reminder: Employees may be reimbursed up to a maximum \$25,000 of eligible fees and expenses towards an approved graduate program. Reimbursements that exceed \$5,250 per year must be included as income on an employee's W-2 and is subject to tax withholding.

Employee Signature: _____ Date: _____

APPROVAL:

Manager Signature: _____ Date: _____

BSL Signature: _____ Date: _____

Submit approved, signed Tuition Assistance Program Approval Request Forms to HRTuition@discounttire.com for HR approval.

Office Use Only: Eligibility Verified? Y _____ N _____ Request Approved? Y _____ N _____

HR Approval Signature: _____ Date: _____