



Graduate School Assistance Program Reimbursement Request

Employee Name: _____

Employee ID#: _____ Department: _____

Hire Date: _____ Manager Name: _____

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

Phone: _____ Email: _____

College/University Name: _____

Course Start Date: _____ Course End Date: _____

Course Name	Credit Hours	Cost
		\$
		\$
		\$
		\$
Total:		\$

Reimburse: Full Amount from Submitted Receipts _____ Other Amount (explain below) \$ _____

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: _____

Print, sign and submit this form, with a copy of your transcript of the completed course or program with a GPA of 3.0 or better and a copy of the receipt for tuition costs, books, examination fees, and required laboratory fees to HRTuition@discounttire.com within 90 days of the completion of the course or program.
