

TUITION REIMBURSEMENT REQUEST FORM
2019-2020 - TEACHERS

Approval must be granted by your immediate supervisor AND the Assistant Superintendent of School. Reimbursement may also be granted for specific certification programs with pre-approval from your supervisor **and** the Asst. Superintendent of Schools.

All requests for reimbursement must be **RECEIVED** by Human Resources by **May 1, 2019**:

Requested by: _____ Work Location: _____
(Please Print Your Name) (School)

Email: _____

Graduate Program _____ ___ Graduate ___ Doctoral ___ Other
(Please check one)

College: _____ Enrollment Date: _____

Has the graduate program been approved by the Assistant Superintendent? Y/N _____

Course Title and Number: _____ Semester: _____
(i.e: Fall, 2019)

Per Credit Cost: \$ _____

of credits: _____

Total Amount to be Reimbursed: \$ _____ (enter actual amount of course not to exceed \$1500)

Only will be reimbursed up to one – 3 credit course.

Employee Signature: _____ **Date:** _____

COMMENTS: _____

Approval: *All approvals are required before this form is sent to Human Resources.*

Principal/Program Advisor's Approval

Date

Assistant Superintendent/Designee's Approval

Date