

# Tuition Reimbursement Request Form

(Must be submitted prior to course registration)

DATE OF REQUEST: \_\_\_\_\_

NAME: \_\_\_\_\_

SCHOOL OF EMPLOYMENT: \_\_\_\_\_

GRADE OR SUBJECT TAUGHT: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

(Course description must be attached)

NUMBER OF CREDITS: \_\_\_\_\_ COST (TUITION ONLY): \_\_\_\_\_

COLLEGE ATTENDING: \_\_\_\_\_

SEMESTER: SUMMER \_\_\_\_\_ FALL \_\_\_\_\_ SPRING \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

*If an employee leaves the employ of the Board and/or retires within two (2) years after receiving tuition reimbursement, he/she shall reimburse the Board the total amount of tuition reimbursement paid in the preceding twenty-four (24) months.*

EMPLOYEE SIGNATURE: \_\_\_\_\_

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APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT SIGNATURE

\_\_\_\_\_  
DATE

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For Office Use Only

Application received \_\_\_\_\_ Course description received \_\_\_\_\_

Paid receipt received \_\_\_\_\_ Final grade received \_\_\_\_\_

Purchase order submitted to Accounts Payable \_\_\_\_\_