

Killingly Public Schools
79 Westfield Ave. P.O. Box 210
Danielson, CT 06239

Instructional Assistants Tuition/Course Reimbursement Request

Form I

(to be completed prior to taking coursework)

As stipulated in Article XVII Section 17.4, I request approval to take the following course and to be reimbursed after verification of successful completion.

Reimbursement for course work which is directly related to the employee's job responsibilities. Reimbursement shall be limited to \$100 per course credit and 50% of the cost of books/materials for the course. **The maximum reimbursement an employee may receive shall be \$250 per year.**

Name _____ Position _____

Title of Course _____

(Attach course description or brochure)

Number of Credits _____ Date that course begins _____

College or University _____

Cost of Tuition (Board to pay up to \$100/credit) _____

Costs of texts, materials, etc. (Board to pay 50% of cost up to \$100 per course) _____

Relationship of course to current assignment _____

Date _____

Signature _____

Principal's Approval

I recommend approval of this request.

Date _____

Principal Signature _____

Central Office Only

Your request for course approval as outlined above is approved provided that all contractual conditions are met.

Approximate amount of reimbursement: Tuition: _____

Other: _____ For textbooks, on Form II, please
provide original receipt and
title of book

Total: _____

Please return completed "Reimbursement Form II" to this office upon completion of this course.

Date _____

Asst. Superintendent _____