



FREDERICKBURG CITY PUBLIC SCHOOLS
2022-2023 APPLICATION FOR EMPLOYEE TUITION REIMBURSEMENT

Tuition reimbursement requests should be made at the start of the contract year and will be reviewed and approved in the order received until all budgeted funds are depleted. In order to be eligible for a tuition reimbursement, pre-approval must be obtained from the Human Resources Department before the employee registers for the course. After completion of the course, submit a copy of the grade report and proof of payment to the Finance Department for reimbursement. All reimbursements must be made within 6 weeks of course completion and must be submitted by June 15th of the contract year. For questions, see Regulation GCBC-R or contact the Human Resources Department at (540) 372-1130.

Employee Name: _____ **Employee Job Title:** _____

Class #1:

Name of college or university: _____

Course Number and Title: _____

Expected Date of Class: _____ Hours of Credit: _____ Cost of Class: _____

Justification for Class: Bachelor's Degree Master's Degree Prepare for additional endorsement Earn recertification points Other

Additional Information (Optional): _____

Class #2:

Name of college or university: _____

Course Number and Title: _____

Expected Date of Class: _____ Hours of Credit: _____ Cost of Class: _____

Justification for Class: Bachelor's Degree Master's Degree Prepare for additional endorsement Earn recertification points Other

Additional Information (Optional): _____

Class #3:

Name of college or university: _____

Course Number and Title: _____

Expected Date of Class: _____ Hours of Credit: _____ Cost of Class: _____

Justification for Class: Bachelor's Degree Master's Degree Prepare for additional endorsement Earn recertification points Other

Additional Information (Optional): _____

Employee Signature

Date

Administrative Use Only

Class #1: Approved Denied Approved Reimbursement Amount: _____ Comments: _____

Class #2: Approved Denied Approved Reimbursement Amount: _____ Comments: _____

Class #3: Approved Denied Approved Reimbursement Amount: _____ Comments: _____

Chief Human Resources Officer Signature

Date