

# WOODBURN SCHOOL DISTRICT CLASSIFIED TUITION REIMBURSEMENT REQUEST

For the purpose of self-improvement of classified employees through workshops, seminars, conferences, classes and/or tests.

**PRIOR TO BEGINNING YOUR COURSEWORK:** Submit this form to the Union for approval. The Union will retain the original and a copy of the approval will be returned to the employee and HR Department. **If you are requesting that tuition be prepaid, you must submit a "Conference & Travel Request" form. If you will miss work to attend, you need to have approval by your supervisor prior to submitting this form.**

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

Course Title	Start Date	Location of course/training	Hours For Course or Training	Cost	Prepay Requested (Y or N) If Yes, attach Conference & travel request form.

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

Work days missed? \_\_\_\_yes \_\_\_\_no If yes, how many days? \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature \_\_\_\_\_  
Date

**NOTE:** **If you are not requesting prepayment, upon completion of the course(s)/job-related training, you must submit your grade slip/certification and proof of payment to the Human Resources Office and the Union in order to be reimbursed.**

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### For Union Use

Decision: \_\_\_\_\_

\_\_\_\_\_  
Union Representative \_\_\_\_\_  
Date

Date Received: \_\_\_\_\_ Prior Approval: [ ] Receipts/Grades [ ]

Approved for payment by: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_ Account # 100-2240-0291-091

Copy to HR \_\_\_\_\_ Copy to Business Office (Prepayment requested) \_\_\_\_\_ Copy to Employee \_\_\_\_\_ Original on file \_\_\_\_\_