

PROFESSIONAL STAFF TUITION REIMBURSEMENT REQUEST FORM

Name _____ Building _____

Date of Request _____ Name of Course _____

Tuition Cost/Workshop Cost \$ _____ University/Provider _____

Hours to be Taken (Semester) _____ (Quarter) _____

Date to be Taken _____

**If a bargaining unit member wishes to know if reimbursement will be paid, this request should be made prior to enrolling in the course.

Signature of Professional Staff Member _____



Principal's Approval _____

Superintendent's Approval _____

<u>OFFICE OF THE TREASURER</u>	
COURSE COMPLETED	_____
TRANSCRIPT RECEIVED	_____
\$ AMOUNT DUE	_____
DATE PAID	_____