



# Continuous Education Unit Reimbursement

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Position/Subject: \_\_\_\_\_ Location/School: \_\_\_\_\_

Organization	Continuous Education Activity	# of CEUs	Total Cost	Date of Activity (mm/dd/yyyy)
				to
				to
				to

**Further guidance regarding maximum amounts for reimbursement and additional guidelines can be found in the CCEA Master Agreement.**

\*Complete the fillable parts of the form.  
 \*Upon completion of the Continuous Education Activity, submit as a complete packet the following three (3) items:

- Request for CEU Reimbursement Form
- Copy of CEUs
- Copy of billing invoice

\*Do not send items separately. Incomplete packets will delay reimbursement.  
 \*Retain a copy for your records.

**Please return completed forms to [tuitionreimbursement@carrollk12.org](mailto:tuitionreimbursement@carrollk12.org) or via pony to: Human Resources Office, Attention: Tuition Reimbursement**

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| <input type="checkbox"/> Speech-Language Pathologist<br><input type="checkbox"/> Teacher of Visually Impaired<br><input type="checkbox"/> Occupational Therapist Assistant<br><input type="checkbox"/> Autism Behavior Consultant<br><input type="checkbox"/> Alt. Program Intervention Specialist<br><input type="checkbox"/> Behavior Specialist | <input type="checkbox"/> Physical Therapist<br><input type="checkbox"/> Occupational Therapist<br><input type="checkbox"/> Physical Therapist Assistant<br><input type="checkbox"/> Mental Health Therapist<br><input type="checkbox"/> School Social Worker |
|--|--|

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

OFFICE USE ONLY: 

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Total: \$ \_\_\_\_\_ DHR Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Accts. Payable: \_\_\_\_\_  
 12/2022