

**Seymour Board of Education
Tuition Reimbursement Form**

To be completed by Business Office:

Account to be Charged: 1-01-240-7000- -000 Amount: _____

To be completed by employee:

Name: _____ Date: _____

Name of College / School: _____

Number of Credits: _____

<u>Course Description</u>	<u>Date of Course</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employee Signature _____

School _____

A Planned Program Form must be completed and signed by your academic advisor and by the Superintendent of Schools. It must be on file in the Superintendent's Office. Proof of completion of courses must be attached to this form for reimbursement. On-line course grades detail, unofficial transcript or official transcript is acceptable.

The current rate of reimbursement can be found in the current Teachers Contract.

Approval(s):

Principal/Dept. Head: _____

Associate Superintendent: _____

Superintendent: _____

Return the completed form to the Business Manager in Central Office.