

WOODLAND HILLS SCHOOL DISTRICT

REQUEST FOR TUITION REIMBURSEMENT

Employees will be reimbursed for tuition costs actually incurred and paid by them for graduate credits beyond Bachelor +24 with a "B" grade or higher or "P" where applicable.

**Please submit this pink form to the Personnel Office and retain a copy for your records.
Your paid invoice and a transcript or grade report must be attached.**

Name _____ School _____

Institution Attended _____

Dates of Attendance _____

<u>Course No.</u>	<u>Title of Course</u>	<u>Number of Credits</u>
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.....
.....
.....

Total Number of Graduate Credits Received (Please Complete)

Actual Tuition Paid (Exclude fees, etc.) (Please Complete)

I certify that I presently hold a Bachelor's Degree plus 24 credits. (Please indicate the highest degree you presently hold.) _____
(Please Complete)

In addition, I certify that the tuition for the above course was not paid directly or indirectly by a scholarship or through a state or federal assistance program. If repayment is required, I authorize the District to withhold from my final paycheck.

Your Signature Date

Reimbursement in the amount of \$ _____ is approved. ASN#

Superintendent Date

**If you terminate your employment within 1 year: 100% repayment to WHSD
If you terminate your employment within 2 years: 75% repayment to WHSD
If you terminate your employment within 3 years: 50% repayment to WHSD
If you terminate your employment within 4 years: 25% repayment to WHSD
(See Page 37 of your Collective Bargaining Agreement between WHSD and WHEA)**