

EAST LYME PUBLIC SCHOOLS

REQUEST FOR TUITION REIMBURSEMENT
(Certified)

Employee Name: _____

Course Number & Title	Date of Course Completion	College/University Name	Number of Credits per Course	Cost Per Credit	Total Tuition (No fees)

- **Attach proof of payment for the tuition you paid to the college/university, along with transcripts.**

Employee's Signature: _____ Date Submitted: _____

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For Business Office Use Only:

_____ Approved (Ok to Pay \$ _____)

Director of Finance

Date

*****DEADLINE FOR THIS FORM AND ATTACHMENTS IS JUNE 15*****

(Please keep a copy for your records)