

Tuition Reimbursement Request
Must be submitted PRIOR to enrollment in course work

Employee: _____ Request Date: _____

School Building: _____ Job Title: _____

Course Information:	
University/ Institution:	
Course Name and Number:	
Number of Credits:	
Estimated Cost:	
Provide brief explanation of the relationship of course work to job responsibilities:	

Reimbursement for approved college credit will be at 50% of credit rate not to exceed the average of the resident rate per hour based upon contract/handbook formula. Maximum of 9 semester hours of credit, or equivalent, allowed per 12-month period. At no time will the reimbursement be more than 50% of tuition paid.

Employee Signature: _____ Supervisor Signature: _____

_____ Approved _____ Not Approved

Assistant Superintendent/Designee Signature _____ Date _____

_____ Grade/Transcript Received

_____ Actual Credit Cost (_____)

_____ Reimbursed (_____)

Director of Human Resources Signature _____ Date _____