



## Fairbanks North Star Borough School District TUITION REIMBURSEMENT REQUEST For ESSA and Non-Represented Employees

### Instructions:

1. Employee completes and signs form. Immediate supervisor must sign form for approval.
2. Form is then forwarded to Human Resources. The HR director must approve the request **PRIOR** to the employee's enrollment or registration in the training or course. Once the request has been approved/denied by HR, the form will be returned to the employee via email. Reimbursement is subject to the availability of funds and will not exceed the equivalent cost of three (3) lower division University of Alaska credits.
3. Within **60 days** after **completion** of the course or training, or **prior** to the end of the fiscal year, June 30, during which the course or training was completed, **whichever is earlier**, the **employee** must forward a copy of this approved Tuition Reimbursement Request form back to the Human Resources Department with **both** of the following attached:

- Proof of successful completion of the course*     
  *Original tuition receipt*

An employee cannot be reimbursed until these items are received by the Human Resources Department within the timelines listed. Reimbursement may be forfeited for failure to comply with timelines.

<b>Name:</b>		<b>School Year of Reimbursement is Requested:</b>	
<b>Educational Institution/Presenter:</b>			
<b>Employee F #:</b>	<b>Position:</b>	<b>Date(s) and Hour(s) of Training or Course:</b>	
<b>School/Dept:</b>		<b>Course Title:</b>	
<b>Employee email address (required):</b> employee will be notified via email of status of request		<b>Tuition Cost</b> (do not include books, student fees, material, etc.) Reimbursement will not exceed cost of a 3 credit lower division University of AK course \$ _____	

Approvals for **Tuition Reimbursement** will be based on the following criteria:

- Course/training is relevant to position employee holds
- Course/training will enhance employee's work performance and/or benefit the school district

Describe how completion of this course is relevant to your position and how it will benefit your work performance and/or the school district.

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### Supervisor Recommendation

In consideration of the above criteria, request for reimbursement is:

- Recommended     
  Denied

**Supervisor Name: Please Print** \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Form must be sent to HR for signature before course is taken**

### Human Resources Approval

Request for reimbursement:     Approved     Denied

Amount approved \$ \_\_\_\_\_

- Reimbursement is contingent upon HR receiving required documentation of course payment/completion within listed timelines. (see #3)
- Employee must be in active status at time of reimbursement.
- Tuition must have been paid by the employee and not a third party such as a grant or scholarship that does NOT have to be paid back.

**HR Executive Director Signature** \_\_\_\_\_

**Date** \_\_\_\_\_