

of credits already taken for 2023 - 2024 school year:

___ Summer 2

___ Fall

___ Spring

___ Summer I

___ Total Credits

SUPPORT STAFF REQUEST FOR COLLEGE/GRADUATE COURSE APPROVAL SCHOOL YEAR 2023 - 2024

Requested by:

College:

Semester:

I respectfully request the approval of the LEHT Board of Education for tuition reimbursement in accordance with the current Board/Contractual Agreement.

Please check below:

- LEHT Administrator's Association
- LEHT Education Association
- LEHT Support Staff Association
- LEHT School District Non-Aligned Person
- LEHT School District Non-Affiliated
- Other _____

1. Information from college must be attached to this form stating when the class begins/ends and cost per credit.
2. A receipt for tuition Payment and a copy of transcripts/grade report must be presented to the Business Office, Accounts Payable to process reimbursement.

Course Name and #	Credits	Cost Per Credit	Total Tuition (without fees)	Reimburse 75%

Claimant's Certification and Declaration

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein justly due and owing; and that the amount charged is a reasonable one.

Signature

Date

Official Position Grade & School

___ Approved

___ Approved ___ Disapproved Superintendent _____

___ Approved ___ Disapproved Board of Education Meeting Date _____

Date Paid _____ Check # _____ Account # _____