



TUITION REIMBURSEMENT REQUEST FORM

ADMINISTRATOR

(TORRINGTON PUBLIC SCHOOLS ADMINISTRATOR ASSOCIATION, TPSAA)

PRIOR APPROVAL REQUIRED, Payment Application Deadline = May 15th

Employee's Name

Date

Assigned School

Position

Course Name (# if Applicable)

Institution

Date Course Began

End (Anticipated) Date

Prior approval granted by Superintendent. Signature

Date

AFTER you complete your course, sign the bottom of the form and attach:

- Transcript (unofficial or official)
- Proof of payment
- Course Description for "out of subject area" courses, if applicable; include justification for request

I certify that I have met the criteria for tuition reimbursement as stated in Article XII of the Collective Bargaining Agreement between the Torrington Board of Education and the Torrington Public Schools Administrators Association.

Employee Signature

Date

Building Principal Signature

Date

Superintendent (designee) Signature

Date