



Torrington Public Schools

## TUITION REIMBURSEMENT REQUEST FORM

**AFSCME COUNCIL 4, LOCAL 1579 (Paraprofessionals, Secretaries, Custodians, Cafeteria Employees, Nurses)**

Application Deadline = May 15<sup>th</sup>

Employee's Name

Date

Assigned School

Position

Course Name (# if Applicable)

Institution

Date Course Began

End (Anticipated) Date

Please 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 the applicable article of the Collective Bargaining Agreement between the Torrington Board of Education and the AFSCME Council 4, Local 1579.

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

Date

\_\_\_\_\_  
Building Principal Signature

Date

\_\_\_\_\_  
Superintendent (designee) Signature

Date