



TEACHER/PARAPROFESSIONAL

TUITION REIMBURSEMENT PRE-APPROVAL FORM Caesar Rodney School District

This form must be completed for EACH course to be considered for reimbursement. If taking more than one course at a time, please complete a separate form for each class.

Name:
Employee ID Number:
School:
<input type="checkbox"/> Teacher <input type="checkbox"/> Paraprofessional
Date submitted:

Date Received: _____

ACTION:

_____ **Application is approved.**

_____ **Application is rejected.**

Reason:

Human Resource Director or Supervisor Signature: _____

TUITION REIMBURSEMENT: Use separate form for EACH course.

Course Number	Course Title	Credits	Start Date	End Date	Institution

The dates must include MM/DD/YY to be considered for prior approval.

COURSE COST: Please complete this chart showing cost per credit.

Number of credits _____ X	Cost per credit _____ =	Total _____
----------------------------------	--------------------------------	--------------------

PLEASE NOTE: THIS APPLICATION MUST BE RECEIVED BY THE OFFICE OF HUMAN RESOURCES PRIOR TO THE START OF CLASS. IN ORDER TO ENSURE CONSIDERATION FOR REIMBURSEMENT FOLLOW THE RULES AND PROCEDURES.

*I acknowledge this form will only be approved if submitted prior to the beginning of the course _____
(Initials)*

Deadlines for submission:

- Courses completed between June 1st and December 31st (Summer/Fall semester).
 - Paperwork due to the Office of Human Resources by January 10th.
- Courses completed between January 1st and May 31st (Winter/Spring semester).
 - Paperwork due to the Office of Human Resources by June 10th.