

# Application for Tuition Reimbursement or Lane Change Form

Please complete the form in its entirety

**Contact Information:**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Position: \_\_\_\_\_

**REASON FOR APPROVAL:**

*Tuition Reimbursement*

*Lane Change*

**College & Degree Information:**

College/University: \_\_\_\_\_

Department: \_\_\_\_\_

Current Lane and Step \_\_\_\_\_

Requesting movement to \_\_\_\_\_

**Course Information:**

Please list each course(s) you plan to take or took.

Course #	Course Title	Credit Hours	Semester or Quarter	Start Date	End Date	Tuition Cost

Please describe how the course(s) connects with Board goals and your current assignment, or leadership responsibilities or if it is for an additional endorsement/certificate that you are pursuing. If an employee voluntarily resigns his or her position, the employee will reimburse the District for 100% of tuition reimbursement payments made within the year immediately preceding his or her last day of employment, and for 50% of all such payments made between one and two years of his or her last day of employment.

**\* Note official transcripts must be attached to this form.\***

**Required Signatures:**

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Building Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Meets criteria

Does not meet criteria

Human Resources: \_\_\_\_\_

Date: \_\_\_\_\_

Approved

Denied

Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_

Approved

Denied