



NLEA License Reimbursement Request Form

Employee Name (printed): _____

Building: _____

Date: _____

Reimbursement Details:

License # _____

License Dates: _____ thru _____

License Cost / Reimbursement Amount: \$ _____
(\$200 maximum)

- This form must be accompanied by the ODEW receipt and copy of your license showing the new/renewal dates.
- Reimbursement is for 1 (one) license fee every 5 (five) years.
- Reimbursement does not include fees associated with Pupil Activity Permits or license alignment fees.
- Completed requests for reimbursement must be received in the Treasurer's office by August 1st of the year of renewal (ex: July 1, 2025 renewal must be received by August 1, 2025).
- If you resign after receiving reimbursement and before the license expiration date, you will be responsible for repaying the District a pro-rated portion of the license fee equal to the percentage of time remaining on the license.

Employee Signature: _____ Date: _____

Building Principal: _____ Date: _____

Superintendent: _____ Date: _____