

COAL CITY COMMUNITY SCHOOL DISTRICT # 1

Tuition REIMBURSEMENT Request Form

Name: _____

Teaching
Assignment: _____

Date of Request: _____

					****Office Use Only****				
University	Semstr/ Year	Course #	Completed (MM/YY)	Credit Hrss	Amnt/ Credit Hour	Total	Grade	Grade Rpt /Transcript	Proof of Payment
Grand Total									

***Request for Approval forms must be on file, approved by the Superintendent prior to the start of courses

***Staff member must have earned a "A" or "B" Grade

***Tenured staff eligible for up to 12 hours of reimbursement per fiscal year, Non Tenured staff 6 hours of reimbursement / fiscal year

***Reimbursement forms MUST be completed with all requested information upon submission. (*proof of payment & Grade Rpt/Official Transcript*).

No later than **September 30th**

***Reimbursement requests approve by the Superintendent for course completed from the previous **September - August 31st**, will be paid out in **October**

***For movement on the Salary Schedule, **OFFICIAL** Transcripts must be received prior to **September 30th**.

Principal Signature: _____

Date: _____

*****Office Use Only*****			
Date Received:	_____	Fiscal Year:	_____
Date Paid:	_____	Amount Paid:	_____
Current Lane:	_____	Actual Deg+Hrs	_____

Superintendent Signature

Date