Tuition Reimbursement Pre-Approval Form

For Education Support Professionals

Name:		School/Dept:	
Position:		Hire date:	
Employee ID:			
Educ. Institution			
Course #1 Title:			
Course Number:		# of Credits:	
Class Cost:			
Beginning Date:		Ending Date:	
Course #2 Title:			
Course Number:		# of Credits:	
Class Cost:			
Beginning Date:		Ending Date:	
Is this course job related, or part of your pursuit of a college degree? Please check one, if applicable.		☐ Job Related ☐ College Degree	
If college degree, is it a teaching degree? Please answer YES or NO:			

*Answers do not determine eligibility.

This reimbursement is for tuition only, and will not be paid if you received funding via scholarship or grant/ stipend money. This includes a PELL grant. In order to qualify, you must be a regular status part-time or full-time ESP, and have passed your 89-day trial period. You cannot be in your transition year. Please be advised that the reimbursement will be for classes attended and completed from July 1 to June 30 of the current fiscal year. The maximum amount for non-degree courses is $700 for this time period; $2000 for an employee enrolled in an accredited college/university degree program.

My signature or typed name serves as to the validity of this Tuition Reimbursement Request, and I certify that I have knowledge of and can attest to the fact that this information is complete and accurate.

Employee Signature:		Date:	
Supervising Administrator Signature:		Date:	
Professional Learning Director:		Date:	