TUITION REIMBURSEMENT FORM

Mercer Area School District

This Tuition Reimbursement form must be completed for all courses for which you are requesting tuition reimbursement. Omission of any required document(s) may result in a delay or denial of your reimbursement request.

EMPLOYEE'S NAME: _____ **Date of request:** _____

NAME OF COLLEGE/UNIVERSITY: _____

REQUESTED COURSE(S) TO BE REIMBURSED: **# OF CREDITS**

_____ _____

_____ _____

_____ _____

TOTAL NUMBER OF CREDITS I AM REQUESTING FOR REIMBURSEMENT AT THIS TIME: _____

*Note: There is a limit of **9** graduate credits per year….*
Credit incentive runs from July 1 to June 30 of each year.
If you need to request **Act 48** hours – **you must submit a separate *Individual Act 48 Participant Form***

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO RECEIVE REIMBURSEMENT:

- *Approved Graduate Course Pre-approval form on file in the central office.*
- *Proof of Payment*
- *Proof of Course Grade*
- *Copies of Proof of Payment/Grade should be sent to rrowe@mercer.k12.pa.us electronically or may be attached to this form if you are unable to submit electronically.*

✓ *Please indicate below how required documents are being sent*

- **Proof Of Payment In Full** _____ *Sent electronically* _____ *Attached* $_____ **Total Amt. Paid**
- **Proof Of Grade** _____ *Sent electronically* _____ *Attached*

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

Office Use Only – Please Do Not Write Below This Line.

Please reimburse employee indicated above for _____ graduate credits at _____% of the rate of payment at
(100% of the rate for employees hired prior to January 1, 1998-Masters Level)

Slippery Rock University ($), for a total of $_____. This payment leaves _____ remaining credits for the **20__-__** school year.

Superintendent's Signature	Date	Bus. Mgr. Approval	Date Paid (Bus. Office)

Revised 2/2022