



# Tuition Reimbursement Request Form

**Must be submitted PRIOR to enrollment in coursework.**

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

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

Job Title: \_\_\_\_\_

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

## COURSE INFORMATION

University/Institution: \_\_\_\_\_

Course Name & Number: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Provide a brief explanation of how the skills or knowledge gained in this course will be applied to your current job responsibilities.

Reimbursement for approved college credit will be at 50% of the credit rate, not to exceed the average resident rate per hour based on the contract/handbook formula. A maximum of 9 semester hours of credit, or equivalent, allowed per 12-month period. At no time will the reimbursement be more than 50% of tuition paid.

Employee Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

\_\_\_\_ Approved      \_\_\_\_ Not Approved

Assist. Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Grade/Transcript Received      \_\_\_\_ Actual Credit Cost (\_\_\_\_\_)

\_\_\_\_ Reimbursed (\_\_\_\_\_)

Director of HR Signature \_\_\_\_\_ Date \_\_\_\_\_