



SNOQUALMIE VALLEY

SCHOOL DISTRICT

SVEA Tuition Reimbursement Form

Employee Name: _____ Location: _____
Position: _____ FTE: _____

Completed applications must be received by Human Resources (district mail or humanresources@svsd410.org) no later than February 1 of the current fiscal year. Payment will be made through the normal accounts payable process after February 1 of each year.

Each reimbursement category has a maximum lifetime reimbursement of \$1,500. Those seeking reimbursement for an endorsement in a shortage area (ELL, Math, Science or Special Education) may be eligible for additional funds per 21.2.6.2 of the CBA. Reimbursement for National Board Certification and adding an endorsement is for expenses incurred while working towards those items. Reimbursement for a Master's Degree, Administrative Certification or Applied Behavioral Analyst Certificate is upon completion of the degree/certification.

I am applying for reimbursement of costs associated with:

National Board Certification \$ _____
Master's Degree, Administrative Certification, \$ _____
or Applied Behavioral Analyst Certificate
Adding an endorsement \$ _____
Endorsement subject _____

I have attached **both** the following items to this form:

- ☐ Evidence of course completion. This could be a copy of a transcript, grade report, or letter of proof of course completion from the granting agency. The employee needs to provide this information; copies will not be made from the personnel file.
- ☐ Evidence of employee costs. This could be a copy of a university statement showing payment made by the employee, credit card or bank statement showing payment made, etc. Please note, statements showing a loan payment towards tuition is not evidence of employee costs; however, a statement showing payment on the loan will work.

I certify, under penalty of perjury, that this is a correct claim for a necessary and legitimate District expenditure and that no other payment for these costs has been received by me on account thereof.

Employee Signature _____ Date _____

-----For Office Use Only-----

Account Code 530-0100-31-7331-1079-0200-0066-1 Employee Start Date _____

District Approval _____ Date _____

See section 21.2 of SVEA CBA for full contract language.

Updated 10/2026

SNOQUALMIE VALLEY SCHOOL DISTRICT

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