

REQUEST FOR TUITION REIMBURSEMENT FORM

CERTIFICATED STAFF

NON-CERTIFICATED STAFF

Date: _____

Section A (to be completed by employee)

Name: _____ Program: _____

College/University where course is being given: _____

Semester and year course is to be taken: _____

Date course will begin (month/day/year): _____

Course Number: _____ Course Title: _____

Number of credits to be taken: _____ Graduate: _____ Undergraduate: _____

Number of credits approved for tuition reimbursement to date (July 1 through June 30):	_____
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To be completed by certificated staff member only:

Course to be taken is listed on my current PIP and is being taken to fulfill Professional Development hours: Yes _____ No _____

Course to be taken for additional credit or lateral increment? Yes _____ No _____

Employee

Date

Section B (to be completed by Program Administrator)

Signature of Program Administrator _____

Date: _____

Section C (Information for processing payment for tuition reimbursement)

The Program Administrator must submit the following items to Human Resources: Bursar's receipt, Official Transcripts, and Voucher (with employee signature)

