TUITION REIMBURSEMENT REQUEST FORM (Certified Staff)

Employee Name	Position
School	Employee ID
Please complete this form to apply for reimbursement of tuition costs. Funds are limited and will be reviewed, and dated, as requests are received by the Human Resources Department. Once all criteria are met, tuition reimbursements will be approved in date order of receipt in the Human Resources Department until all funds are exhausted annually. Additionally, any employee who resigns within 2 years of receipt of these funds shall reimburse the district for the amount they received (per contract language, page 61).	
Criteria for reimbursement: Applicant must be enrolled in their first Maste Submit "Tuition Reimbursement Request Form language, page 60): September 1st for fall courses February 1st for spring courses June 1st for summer courses Earn an A or B in each course Submit a transcript (official or unofficial) or grace February 1st for courses completed during June 1st for courses completed during September 1st for courses completed during Reimbursement limit is \$1,500.00 per fiscal yes	ade report to Human Resources no later than: uring the fall semester the spring semester during the summer semester
Name of University:	Spring
I am working toward a degree in my teaching skills.	Summer to further my education and improve
Name of course(s):	
Tuition per credit hour: \$ X cre	edit hours = \$ (total cost)
Employee Signature	Human Resources Director
Association President Office use only: Date Received: Request Form	Superintendent or Designee