

TUITION REIMBURSEMENT REQUEST 2009-2010

Date: _____ Certified employee Classified employee
*Date of employment (Required) _____

Name _____ SS No. _____

Home Address _____ City _____ Zip _____

Work Location & Assignment _____

Are you currently teaching on an out-of-field permit? ____ Yes ____ No

PLEASE APPROVE THE FOLLOWING COURSE FOR TUITION REIMBURSEMENT

Course Title _____ Course No. _____

Actual Date of Enrollment _____ Actual Date of Completion _____

College/University _____

Credit hours _____ Tuition \$ _____

SUPERVISOR: (Request will not be processed without this signature)

I certify that the above **assignment** information is correct. If this is a special education teacher teaching with an out-of-field permit, I certify that it is my intention to have that person continue in this assignment for the current school year and next year as well. If classified employee, I certify that this course will improve current job skills, or prepare for promotion.

Principal/Department Head's Signature** _____

****By signing here, you are verifying that this employee is not on an improvement plan**

Return form and required documentation to: Angela Mosley, Office of Human Resource Services, 580

DO NOT WRITE BELOW THIS LINE

Date Received in Human Resource Services: _____

Approved ____ Denied ____

If denied, reason _____

Signature _____ Date _____

HRS USE ONLY FOR CHECK DISBURSEMENT

Employee Name: _____ Date: _____

Work Location: _____

I acknowledge receipt of a tuition reimbursement check in the amount of \$ _____. I certify that the reimbursement that I am receiving does not exceed the actual tuition paid for the course.

Employee Signature: _____

THIS FORM SUPERCEDES ANY PREVIOUS FORMS