

TUITION REIMBURSEMENT REQUEST 2020-2021

Date: _____ Certified employee Classified employee
Name _____ SS No. _____
Home Address _____ City _____ Zip _____
Work Location & Assignment _____ *Date of employment (Required) _____
If a teacher, are you on an out-of-field permit? ___ Yes ___ No

INFORMATION ON COURSE SUBMITTED FOR APPROVAL:

Course Title _____ Course No. _____
Actual Date of Enrollment _____ Expected Date of Completion _____
College/University _____
Credit hours _____ Tuition \$ _____

Employee:

My signature below certifies that I have read the criteria for tuition reimbursement on the district’s website or in the handbook and that I meet all eligibility criteria documented there. I understand that tuition reimbursement is not guaranteed until I receive written approval back from a representative of Human Resource Services.

Employee: _____ Date: _____

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

I certify that the above **assignment** information is correct. 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: Kwamine Gilyard, 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: _____