

**TUITION REIMBURSEMENT REQUEST FORM**  
**2018-2019 - TEACHERS**

*Approval must be granted by your immediate supervisor AND the Assistant Superintendent of School.* Reimbursement may also be granted for specific certification programs with pre-approval from your supervisor **and** the Asst. Superintendent of Schools.

All requests for reimbursement must be **RECEIVED** by Human Resources by **May 1, 2018**:

Requested by: \_\_\_\_\_ Work Location: \_\_\_\_\_  
(Please Print Your Name) (School)

Email: \_\_\_\_\_

Graduate Program \_\_\_\_\_ \_\_\_ Graduate \_\_\_ Doctoral \_\_\_ Other  
(Please check one)

College: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Has the graduate program been approved by the Assistant Superintendent? Y/N \_\_\_\_\_

Course Title and Number: \_\_\_\_\_ Semester: \_\_\_\_\_  
(i.e: Fall, 2018)

**Per Credit Cost:** \$ \_\_\_\_\_

**# of credits:** \_\_\_\_\_

**Total Amount to be Reimbursed:** \$ \_\_\_\_\_ (enter actual amount of course not to exceed \$1500)

Only will be reimbursed up to one – 3 credit course.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**Approval:** *All approvals are required before this form is sent to Human Resources.*

\_\_\_\_\_  
Principal/Program Advisor's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent/Designee's Approval

\_\_\_\_\_  
Date