## **Tuition Reimbursement Pre-Approval Form**

Applicants will be reimbursed at the rate of 50% of the actual per hour tuition fee, not to exceed the aggregate sum of \$1000 per teacher, per fiscal year (July 1 through June 30).

Reimbursement eligibility requires:

- a. The course(s) Must be pre-approved by administration
- b. In June, as part of the check-out procedure, teachers will indicate on a Business Office form their intent to take classes during the upcoming fiscal year. The district will then budget for the reimbursement of those teachers. Teachers who do not fill out the required form, will not be guaranteed reimbursement.

Directions: Complete Sections 1 and 2. Sign and Date Section 3, then turn into the office. PLEASE PRINT.

1. EMPLOYEE INFORMATION								
Full Name (First MI Last)			Department	<b>Employee Numbe</b>		nber	Today's Date	
Address			Cha. Chala		7:		Day time Dhama	
Address			City, State		Zip		Daytime Phone	
		L						
2. DECREE OF DROCRAM DIAM INICORMATION								
2. DEGREE or PROGRAM PLAN INFORMATION								
Degree or Program								
Institution Name			Cost per	Cost per Credit		Total Cost		
			-					
Why are you taking this program?								
☐ Content applies to my current position. If so, how? Explain below.								
☐ Required to remain in my current position. If so, how? Explain below.								
Other Fundsia heleny								
☐ Other. Explain below.								
3. SIGNATURES								
I understand that I must complete the tuition reimbursement form once the semester is completed to receive reimbursement.								
Employee Signature: Date:								
Supervisor Approval	□Yes	□ No Da	te Approved	:				
Supervisor Cinnature								
Supervisor Signature:								
Superintendent Signature:								
Business Manager Signature:								
Account Number:								