

Licensed & Classified Tuition Reimbursement Form

Name _____ Classified _____ Licensed _____ PEID _____
 (Mark appropriate box)
 Position _____ Building _____ Date _____

Course:		
Course Level Number	College/University	Course Fee
Course Name		
Describe how the course relates to your position		
Date Class Begins	Date Class Ends <i>* Reminder: Grade slip due when course ends</i>	
Credits	<input type="checkbox"/> Quarter Credit Hours	<input type="checkbox"/> Semester Credit Hours
Purpose:		Form of payment:
<input type="checkbox"/> Advanced Degree <input type="checkbox"/> New Certification <input type="checkbox"/> Directly related to present assignment		<u>Classified</u> - Reimbursement will be issued following receipt of Proof of Payment and Passing Grade Slip <u>Licensed</u> - Reimbursement will be issued at the end of the school year.

Employee's Signature _____

Course meets purposes indicated above _____

Principal's/Administrator's Signature

Course Approval _____

Assistant Superintendent

Please send fully completed form to Human Resources. A receipt copy will be sent to you upon approval of the Assistant Superintendent/Director of Human Resources.

Human Resources/Business Office Use Only

School Year	Grade Slip/ Proof of Completion/Date Received	Proof of Payment/Date Received
Budget Number	Amount	Paid To