



David Douglas
School District
#40

David Douglas School District #40

Licensed Professional Tuition Reimbursement Form

Name: _____ PEID: _____

Position: _____ Building: _____ Date: _____

Course Level Number:	College/University:	Course Fee:
Course Name:		
Describe how the course relates to your occupation:		
Date Course Begins:	Date Class Ends: <small>(Reminder: Grade slip due when course ends)</small>	
Course Credits:	<input type="checkbox"/> Quarter Credit Hours	<input type="checkbox"/> Semester Credit Hours
Purpose:		

_____ Advanced Degree
_____ New Certification
_____ Directly related to present assignment

Employee's Signature: _____

Course meets purposes indicated above: (Principal/Administrator Signature) _____

Course Approval: (Assistant Superintendent Signature) _____

Please send fully completed form to Human Resources. An email notification 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:
EAP127 (\$5,250 limit) <input type="checkbox"/>	EAP132 (without limit) <input type="checkbox"/>	