

Application for Tuition Reimbursement (*Licensed Staff*)

Approval must be granted in accordance with Article 21 of the licensed collective bargaining agreement.

Name: _____ Date: _____

Address: _____ Phone: _____

Name of College/University: _____

Term: _____ Start Date: _____ End Date: _____

Course Number	Course Title	Credit Hours	Fee
			\$
			\$
			\$
			\$
Totals			

Signature: _____ Date: _____

Principal Approval: _____ Date: _____

Director Approval: _____ Date: _____

Reimbursement will be made according to the timeline and parameters described in Article 21 of the collective bargaining agreement, upon submission of a receipt for tuition paid and grades for the course(s) taken.

Request for Tuition Reimbursement Prepayment: Yes _____ No _____ If yes, complete the box below:

Briefly explain why you believe that payment of your tuition costs will create a financial hardship: _____

Employees who fail to submit a grade slip (with passing grade) and paid receipt within sixty (60) days of completion of the term may have the prepayment amount deducted from their paycheck, after notification.

Employee Signature: _____ Date: _____

***** For Office Use Only *****

Reimbursement: ___ *Approved* ___ *Denied* **Prepayment:** ___ *Approved* ___ *Denied*

Amount Approved: \$ _____ Date: _____ Approved By: _____

Budget Number: ___ 100.2240.0244.019.000.019 ___ 200.2240.0244.000.000.200