

TUITION REIMBURSEMENT FORM

Staff Member's Name: _____ Date: _____

Course Title: _____

Course Description:

Name of College/University Attending: _____

Starting Date: _____ Ending Date: _____

Credit Value: _____ circle one: Semester Quarter Hours

Please refer to Article XIV – Fringe Benefits – Section 4 of the Negotiated Agreement for specific requirements and conditions concerning this area.



Your tuition reimbursement request is denied for the following reason(s):

Your tuition reimbursement request is approved at:

\$300.00 per semester hour
(Three hundred dollars per semester hour for a maximum benefit of two thousand five hundred dollars (\$2,500.00) per school year. (July 1 to June 30)

Please note that twenty thousand dollars (\$20,000.00) is the total maximum amount to be paid in any single school year. (July 1 to June 30)

Amount Paid To Date _____ Amount Remaining For Reimbursement _____

Superintendent

Date