# Tuition Reimbursement Request Form *CCUSD 301*

Human Resource Department

**Complete and submit to Human Resources upon completion of the approved coursework. An *official transcript* (bearing registrar’s signature and official school seal) must be submitted with this form along with a *copy of the receipt* for the class. All coursework must receive prior approval in order to be eligible for reimbursement. Approval must be received prior to enrollment in the course. You may submit more than one approved course on the same tuition reimbursement request form:**

Employee Name:  Date:

Course Title & Number:Course Dates:

University:Date Completed:

Course Title & Number:Course Dates:

University:Date Completed:

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University:Date Completed:

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University:Date Completed:

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University:Date Completed:

Course Title & Number:Couse Dates:

University:Date Completed:

**By signing for tuition reimbursement I acknowledge that I understand the pertinent contractual requirements and procedures.**

I hereby request reimbursement of $  ($100 per credit hour) for  semester hours of approved coursework described above as provided in the Teacher/Board Master Contract and District Board Policy.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of HR Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***OFFICE USE ONLY***

Copy of Transcript Yes No Copy of Receipt Yes No

Coursework Completed within 6 Months of Coursework Approval / 3 Years of Program Approval Yes No

Submitted to Accounts Payable Yes No Date: / / Total Reimbursement $

No more than eight (8) total hours will be reimbursed in any school year-September 1st to August 31st

***\*Teachers working toward their first approved Master’s Degree may be reimbursed up to eight (8) credit hours per semester.***