

# Masters Tuition Reimbursement Request Form-Certified Staff

Submit to Human Resources by May 23<sup>rd</sup> with required attachments

DATE OF REQUEST: \_\_\_\_\_

CERTIFIED STAFF NAME: \_\_\_\_\_

BUILDING LOCATION: \_\_\_\_\_

GRADE OR SUBJECT TAUGHT: \_\_\_\_\_

COURSE CODE (ex: EDS 500): \_\_\_\_\_ COURSE CODE: \_\_\_\_\_ COURSE CODE: \_\_\_\_\_

[Course final grade report with passing grade and paid tuition receipt  
must be attached **before** submitting request form]

TOTAL # OF CREDITS: \_\_\_\_\_ COST (TUITION ONLY|NO FEES): \_\_\_\_\_

COLLEGE ATTENDING: \_\_\_\_\_

SEMESTER: SUMMER ☐ FALL ☐ SPRING ☐

SCHOOL YEAR COURSE(S) COMPLETED: \_\_\_\_\_

*If a teacher receives tuition reimbursement and leaves within 2 years of reimbursement, the teacher must repay the district. Such an amount will be held from Teacher's final paycheck. If the final paycheck is not sufficient, the Teacher must repay the balance within two weeks after effective date of resignation.*

TEACHER SIGNATURE: \_\_\_\_\_

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APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT SIGNATURE

\_\_\_\_\_  
DATE

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For Office Use Only

Pre-approval received \_\_\_\_\_ Degree description received \_\_\_\_\_

Paid tuition receipt received \_\_\_\_\_ Final grade received \_\_\_\_\_

Submitted to Accounts Payable \_\_\_\_\_ Note: To be paid in June of school year submitted