

ESP Degree Tuition Reimbursement Request Form

Submit to Human Resources by May 23rd with required attachments

DATE OF REQUEST: _____

ESP FIRST & LAST NAME: _____

BUILDING NAME: _____

JOB ASSIGNMENT: _____

COURSE TITLE: _____

(Course final grade report with passing grade and paid tuition receipt must be attached)

NUMBER OF CREDITS: _____ COST (TUITION ONLY/ NO FEES): _____

COLLEGE ATTENDING: _____

SEMESTER: SUMMER _____ FALL _____ SPRING _____

SCHOOL YEAR: _____

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

ESP SIGNATURE: _____

APPROVED _____ NOT APPROVED _____

SUPERINTENDENT SIGNATURE

DATE

For Office Use Only

Pre-approval received _____ Course description received _____

Paid tuition receipt received _____ Final grade received _____

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