

TUITION REIMBURSEMENT
REQUEST FORM

EMPLOYEE REQUEST

Today's Date _____

Employee Name _____

Name of Course _____

College or University _____

Session of Course _____ Number of Semester Hours _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS.

Official Transcript

AND

Receipt from the
College/University
or
Copy of bill for the Course

AND

Copy of Cancelled Check
or
Credit Card Receipt or
Statement

I certify that no wages or stipend has been received as compensation for the course described above.

Employee's Signature _____ Date _____

APPROVAL

THIS SECTION TO BE COMPLETED BY THE LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE.

Date Paperwork Received _____

LPDC Signature _____ Date Approved _____

Reimbursement \$ _____
Check Number _____
Date _____

Step Change _____
Date of Board Approval _____