

**EAST GUERNSEY LOCAL SCHOOL DISTRICT
TUITION REIMBURSEMENT APPLICATION FORM**

Directions: Employee should complete ALL information in the unshaded top portion of form and submit to Central Office. Shaded portions will be completed by Central Office, and form will be returned to employee. Employee should not consider reimbursement approved until form is returned.

Employee Name: _____ Date: _____

This is an application for request of tuition reimbursement per the current negotiated agreement, for the class(es) listed below. I understand that this request must be received and approved before the class(es) start date. *Be sure to indicate quarter or semester hrs.*

CLASS NAME	CALL #	HOURS	START DATE	COST	REIMBURSEMENT
					FOR OFFICE USE ONLY
_____	_____	_____ qtr	_____	\$ _____	\$ _____
_____	_____	_____ qtr	_____	\$ _____	\$ _____
_____	_____	_____ sem	_____	\$ _____	\$ _____
_____	_____	_____ qtr	_____	\$ _____	\$ _____
_____	_____	_____ sem	_____	\$ _____	\$ _____
COLLEGE _____					

CENTRAL OFFICE USE ONLY	
The tuition reimbursement requested above has been <input type="checkbox"/> accepted, and money for reimbursement set aside <input type="checkbox"/> modified or denied, as reimbursement funds no longer exist <input type="checkbox"/> modified, as you have reached individual limit	Supt Approval _____
The following must be submitted for reimbursement to be processed upon completion of the course: <input type="checkbox"/> Copy of paid receipt for tuition (may submit at any time) <input type="checkbox"/> grade report ('B' or better, 'P' for pass/fail, 'CR' for credit/no credit) with official transcripts.	

You are reminded that Article XIII, H. of the current collective bargaining agreement requires your continued employment with East Guernsey Schools for one year as a condition of reimbursement. All reimbursements are subject to the terms outlined in the negotiated agreement.
01/20