

REQUEST FOR TUITION REIMBURSEMENT

Employee Name _____

Subject of Class _____

Date Class Began _____ Ended _____

Credits Earned _____ Tuition Cost _____

Enrolled in class for a Misassignment? Yes _____ Class _____

Attach to this form a copy of the fee statement and a copy of the official university grade notification verifying the title of the class, credit earned, and the grade assigned upon completion. Submit to the district office no later than September 15th, 2024. Classes taken after this date may be applied for reimbursement in September of 2025.

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