# Non-Union Course Reimbursement Request

**SAU 21 OFFICE USE ONLY:**  **TO BE COMPLETED BY EMPLOYEE:**

**Amount reimbursed** NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **for this Course $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENCUMBER $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCOUNT NO. 221009 -240** SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISTRICT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COURSE APPROVAL FOR TUITION REIMBURSEMENT**

Course work requires approval in advance of enrollment by the Superintendent or his/her designee.

**\*TO RECEIVE APPROVAL, PLEASE FURNISH A COURSE PLAN WITH RATES BY SEPTEMBER 1 IN THE SCHOOL YEAR PRIOR TO INTENDED COURSEWORK – PER THE NON-UNION COURSE REIMBURSEMENT REQUEST PROCESS:**

**TO BE REIMBURSED PLEASE FOLLOW THESE STEPS:**

1. After completing course work, submit the following documents to the Human Resources Office in order to process tuition reimbursement:

1. This form (signed)\* with accompanying course plan
2. Transcripts with a grade of "B" or better
3. Proof of Payment

**NUMBER/TITLE OF INSTITUTION DATES OF COST OF GRADUATE GRADUATE COURSE COURSE COURSE CREDITS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval of Principal/Date Approval of Superintendent or Designee/Date

# GRADUATE CREDIT COURSES ONLY