

Pickaway-Ross JVSD
Request for Tuition Reimbursement

To: Superintendent

I hereby make application for reimbursement of tuition according to the conditions outlined in Board of Education Policy or the Negotiated Agreement—Article 22.

_____ Date _____ Employee's Signature

1. University or College where work will be taken: _____
2. Dates of coursework: from _____ to _____
3. Number of hours to be completed: _____ Semester Hours or _____ Quarter Hours
4. List each course title, number, and credit hours:

Course Title	Course Number	Hours		Estimated Cost
		Qtr	Sem	

5. Relate how this additional coursework will enable you to make a greater contribution to the program of this school.

Recommended Not Recommended _____ Date _____ Supervisor
 Recommended Not Recommended _____ Date _____ Director
 Approved Not Approved _____ Date _____ Superintendent

Approved: _____ Total hours to be reimbursed within specified financial limitations.

REQUEST FOR REIMBURSEMENT

Total Payment Requested: _____ x \$ _____ = \$ _____
Hours Cost Per Hour Total Cost

PO No. _____ Signature of Teacher _____ Received by Supervisor _____ Date _____

NOTE: Please attach fee receipt and transcript of credits or grade report for the above hours. Payment of reimburseable amount will be made by the 30th of the month, if submitted to the Superintendent by the 10th.

Approvals:

Treasurer Date Superintendent Date

Submit **all three** copies for approval prior to class enrollment; submit **original** for reimbursement.