

CONRAD WEISER AREA SCHOOL DISTRICT

20__--School Year

Robesonia, Pennsylvania

<u>Application for Tuition Reimbursement</u> (Faculty)

Tuition reimbursement will be done monthly. The Application for Tuition Reimbursement must be submitted after courses are completed. The Application, together with required attachments, must be received in the Office of the Superintendent at least thirty (30) days prior to the payment date. Please refer to the Collective Bargaining Agreement for more specific information regarding tuition reimbursement.

| Name: | | | | |
|--------------------------------|--------------------------------------|------------------------|-------------------------------------|--|
| School Where Course Was Taken: | | Date Course Cor | Date Course Completed: | |
| <u>Course No</u> . | <u>Title</u> | <u>Credits</u> | Tuition Paid * Tuition Only/No Fees | |
| *Tuition Paid – do no | ot include fees and deduct discou | unts if applicable. | | |
| Tuition reimburseme | ent for this course was pre-appro | ved at (percentage): | | |
| Amount to be reimb | ursed to employee: | | | |
| Attach the following | to this Application: | | | |
| Copy of Pre- | Approval Application for Tuition I | Reimbursement | | |
| Tuition Bill th | hat verifies tuition, fees, and disc | ounts (if applicable) | | |
| Grade - Evide | ence of Satisfactory Completion o | of Course | | |
| Date Sub | omitted | Signature of Applicant | | |
| | FOR OFFICE | USE ONLY | | |
| Date Approved by Sc | chool Board: | Signature of Sup | perintendent | |
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