



CONRAD WEISER AREA SCHOOL DISTRICT  
Robesonia, Pennsylvania

20 -  
School Year

**APPLICATION FOR TUITION REIMBURSEMENT**  
***(Support Staff)***

Requests for reimbursement must be submitted after courses are completed. Official documentation from the college, university or technical school, along with all necessary District forms, must be received in the Office of the Superintendent at least thirty (30) days prior to the payment date. Tuition reimbursement will be made three times a year - in October, February and July. Please refer to the Tuition Reimbursement Program section of the most recent Support Staff Handbook for more specific information regarding tuition reimbursement.

Name: \_\_\_\_\_ Building: \_\_\_\_\_

Present Position: \_\_\_\_\_ I currently work \_\_\_\_\_ hours per day.

School Where Course Was Taken: \_\_\_\_\_

\*Please attach copy of the course description or brochure from the school

<u>Course No.</u>	<u>Title</u>	<u>Credits</u>	<u>Tuition Paid *</u> <small>Tuition Only/No Fees</small>
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\* Tuition only – do not include any fees, and deduct discounts if applicable.

Tuition reimbursement for this course was pre-approved at (percentage): \_\_\_\_\_

Amount to be reimbursed to employee: \_\_\_\_\_

Attach the following to this Application:

\_\_\_\_\_ Copy of Pre-Approval Application for Tuition Reimbursement

\_\_\_\_\_ Tuition bill that verifies tuition, fees, and discounts (if applicable)

\_\_\_\_\_ Grade - Evidence of Satisfactory Completion of Course

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature of Applicant

FOR OFFICE USE ONLY

Date Approved by School Board: \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent