



# Tuition Pool Reimbursement Form

Employee Name: \_\_\_\_\_

Course Title: \_\_\_\_\_

Amount Requested: \$\_\_\_\_\_

*\*\*Note: Submitting this form is not a guarantee of reimbursement.*

*\*\* Tuition Pool Funds will be established at the beginning of the school year and will be split into 3 equal amounts to be distributed (Fall-Spring-Summer). These 3 pool amounts will be distributed equally (up to the amount of their request) among staff members whom have submitted Tuition Pool Assistance Request Forms for that period.*

The following need to be attached to this form in order for the request to be considered:

- Copies of payment receipts must be signed & attached before reimbursement will be made
- Copies of proof of completion/attendance must be submitted within 30 days of completion.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisors' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendents' Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

\_\_\_\_\_  
Business Managers' Signature

\_\_\_\_\_  
Date

Amount Approved \$\_\_\_\_\_

Account Code: 0100.31.7330.\_\_\_\_\_.\_\_\_\_\_.0000.1  
*Location / Staff Code*