

**WEST CENTRAL CUSD #235
REQUEST FOR TUITION REIMBURSEMENT**

Employee Name _____

Date _____

Course Numbers and Title _____

Total Hours of Credit _____

College/University Awarding Credit _____

Date Course Begins _____ Ends _____

Brief description of course & how it relates to your position:

This course is **Approved** () or **Not Approved** () for tuition reimbursement from West Central CUSD #235.

This course if Approved () or Not Approved () for horizontal movement on the salary schedule.

Date

Superintendent

*Tuition reimbursement of up to a total of \$2000 per year for certified staff and \$1000 per year for support staff will be made only after verification from the College/University that such course has been successfully completed and a copy of the itemized bill is submitted.

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**This form must be filed with the Superintendent prior to the beginning of the course.