

## TUITION REIMBURSEMENT REQUEST FORM – PROFESSIONAL

**Read and complete the form as directed.**

1. The Board will reimburse all unit members (tenured and non-tenured) for a maximum of nine (9) credit hours at \$350.00 per credit earned while participating in a pre-approved course of study.
2. Courses may be taken at any time during the year. Employees must file the completed request for tuition reimbursement with the Board of Education by the following dates:
  - October 15 For Summer courses\*
  - March 15 For Fall courses\*
  - July 15 For Spring courses\*
3. Reimbursement requests will be processed only for grades of "B" or higher.
4. Unit members may request reimbursement for up to three (3) additional credit hours subject to available funds and payable at the end of the fiscal year.

**NOTE: See Negotiated Agreement, Article 18.6, for complete reimbursement guidelines.**

**The following documentation must be attached for payment:**

- \_\_\_\_\_ Official transcript showing grade and credit(s)
- \_\_\_\_\_ Proof of payment (receipt from institution, canceled check, bank statement, credit card statement)

**ALL requested information must be provided. Incomplete packets will be returned.**

Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

WCPS ID Number \_\_\_\_\_ Social Security Number xxx-xx- \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Course Name and Number \_\_\_\_\_

Semester and Year Completed \_\_\_\_\_

**SUBMIT COMPLETED FORM AND ATTACHMENTS TO HUMAN RESOURCES:  
LINDSEY DARR, COORDINATOR OF HUMAN RESOURCES: TEACHER PERSONNEL**

(For office use only)

**TO: Accounts Payable**

Payment authorized \$ \_\_\_\_\_ Acct.# 01-12-91-00-0-7170-000-00 For Year: \_\_\_\_\_ - \_\_\_\_\_

Institution: \_\_\_\_\_ Course \_\_\_\_\_

Approval Signatures: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_