



**KARNS CITY AREA SCHOOL DISTRICT
PROFESSIONAL STAFF
TUITION REIMBURSEMENT APPLICATION FOR COURSE WORK**

Last NameFirst NameMiddle Initial

Requested amount of tuition reimbursement: \$_____

Reimbursement will be at the state tuition rate per credit: Maximum amount is not to exceed the cost of course/s

Granting Institution: _____

Number of Applicable Credits: _____
(Maximum amount is not to exceed nine (9) credits per fiscal year.)

| <u>Course Numbers & Title/Description</u> | <u>Start Date</u> | <u>Completion Date</u> |
|---|-------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The approval documents must be submitted along with this form for your tuition reimbursement application to be processed:

_____ Official transcript showing grades (A, B, or C required). Please send note indicating grade if transcript will be delayed; then send transcript as soon as available.

_____ Paid, itemized, course receipt for credits for which you are applying for reimbursement. Paid receipt should list individually the course name and the amount charged for the course. Reimbursement is for credit cost only.

_____ Approval Request Form for credits for which you are applying for reimbursement. (The form signed by your building Principal who approved your application for reimbursement at the beginning of the course enrollment.)

All necessary documents may be submitted to the Business Office

Employee Signature

Date