

APPENDIX E
TUITION REIMBURSEMENT FORM

Request for Approval of Course Work
and Subsequent Tuition Reimbursement

Date of Request: _____

Employee Name: _____

Name of College/University: _____

Credit hours are: _____ Quarter _____ Semester

Cost per hour is: _____

Course Number	Name of Course	Total Hours

Employee Signature: _____

Upon completion of the course, please provide a copy of the transcript or grade report to the superintendent's secretary in order to receive reimbursement as per terms of the HHTA Master Agreement.

OFFICE USE:

Date request received: _____

Approved: _____

Disapproved: _____ Reason Why: _____

Superintendent's Signature: _____