

OAPSE Tuition Reimbursement Request

Employee Name (please print) _____

Building _____

Current work assignment _____

Course/Workshop Name and Description: _____ (attach description from course catalog if applicable)

College or Institution: _____

of semester hours: (up to 4) _____ Cost per semester hour \$ _____

****Form must be submitted to the Human Resources department for approval prior to submission for reimbursement***

Office use only:	*Approved	Not approved
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**This approval means the course is approved to be part of the \$5,000 pool, based on number of participants and pursuant to the negotiated agreement, Article 19.06. An employee who voluntarily leaves employment with the District within 5 years of receiving reimbursement monies shall repay such funds.*

Upon Course completion:

Return this form to the Human Resources department by August 1.

Date course completed: _____ *Amount requested \$ _____

***Proof of payment by employee must be submitted with this request**

Verification of course completion (Transcripts or letter from university showing a grade of "B" or better or certificate of completion) must be received by September 15.

Reimbursement will be made on or around October 15.

Office use only: _____	Date request received
_____	Date verification received
_____	Amount of reimbursement