

**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.