

**SCHOOL DISTRICT 126
TUITION REIMBURSEMENT FORM
Teachers**

DATE: _____

STAFF MEMBER NAME: _____

COLLEGE/UNIVERSITY: _____

COURSES	# HOURS	COST

TOTAL

\$

--

***** Items needed for reimbursement:**

Proof of payment

Grades

Employee needs to bring all information into District Office and record classes in personnel file.

As a condition precedent to receipt of the tuition reimbursement requested herein, the undersigned hereby agrees that he/she shall repay the District the full amount of the tuition reimbursement received pursuant to this request in the event that the undersigned does not return to District employment the following school year, as required by Section 3.5 of the applicable collective bargaining agreement

Employee Signature: _____

Adminstrator Signature: _____