REQUEST FOR CERTIFIED TUITION REIMBURSEMENT
(Print or type and submit to Human Resources Office for approval)

PART I – INITIALIZING REQUEST

Name (Please Print or type)	**Employee ID Number**
School	**Position**

University	Course Title	Course #	Start Date	End Date

Tuition	Total Credit Hours

I certify that I understand that according to the contractual agreement I am to be employed on a regular contract and have completed two years of satisfactory service and have been notified of reemployment for the succeeding year to apply for reimbursement of tuition cost incurred in a study for credit at an accredited college/university (North Central, NCATE or equivalent). I also understand that I will receive tuition reimbursement of $125.00 per semester hour, to a maximum of twelve (12) semester hours per year. In the event the total approved requests exceed the dollar limitation allocated, payments will be prorated on a per credit basis. It is my responsibility to make full payment for the course I intend to take. I understand that I will receive tuition reimbursement, per the guidelines, after successfully completing the course, per contractual agreement, and submitting official transcripts, payment receipts for the course, and the Part II Finalizing Request form. I understand that I am responsible for any educational expense reimbursement in accordance with current tax codes. As a teacher who has received reimbursement under this program, I commit to working for Valley View School District 365U for one (1) complete school year following the final expense reimbursement I receive. I understand that if I choose to terminate my employment before completing one (1) full school year of service, I will repay Valley View School District for such professional reimbursement.

Tuition reimbursements are not taxable or reportable to TRS, therefore a separate check will be issued. I understand that tuition reimbursement shall be calculated from each July 1 through the following June 30. Tuition reimbursements will be paid in December and June. **I understand that the Part I Initializing Request form must be completed and submitted to the Human Resources Administrator PRIOR TO the start of the course and that a separate Part I Initializing Request form must be completed for each course submitted for approval. I also understand that the Part II Finalizing Request form, official transcript and receipt must be submitted to the Human Resources Administrator by October 15th to ensure payment in December and by April 15th to ensure payment in June.** I understand that all coursework submitted for reimbursement shall be submitted no later than twelve (12) months after the course completion**.**

_____ _____

Applicant Signature Date

TO BE COMPLETED BY ASSISTANT SUPERINTENDENT FOR HUMAN RESOURCES

Course is allowable within the guidelines of course options as specified by contract. ❑ Yes ❑ No

I certify that the applicant is eligible to request reimbursement according to the guidelines and pending satisfactory completion of Part II of this Request.

_____ _____

Executive Director for Human Resources Date