



# PRIOR APPROVAL ADMINISTRATIVE/INSTRUCTIONAL TUITION REIMBURSEMENT FORM

**\*\* ONE COURSE PER FORM \*\***

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Work Site: \_\_\_\_\_ Job Assignment: \_\_\_\_\_  
*Be Specific!*

Course Title: \_\_\_\_\_

Course Prefix \_\_\_\_\_ Credit \_\_\_\_\_ Course Beginning  
And Number: \_\_\_\_\_ Hours: \_\_\_\_\_ Date: **(Mo/Day/Yr)** \_\_\_\_\_

Name of \_\_\_\_\_ Other  
College/University \_\_\_\_\_ School: \_\_\_\_\_

Graduate Major/Area of Study: \_\_\_\_\_  
 Undergraduate

Participant's \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING INFORMATION SHOULD ONLY BE FILLED OUT BY THE OFFICE MANAGER**

This employee is paid from the following budget strip/strips:

Strip #1 \_\_\_\_\_

Strip #2 \_\_\_\_\_

Strip #3 \_\_\_\_\_

Office Manager Initials: \_\_\_\_\_

**TO BE FILLED OUT ONLY IF FUNDED BY A FEDERAL GRANT!**

**THE FOLLOWING INFORMATION SHOULD BE FILLED OUT BY THE BUDGET MANAGER**

I have verified that this employee is paid for by my budget & approve this request.

Budget Manager  
Signature: \_\_\_\_\_

**THE FOLLOWING INFORMATION SHOULD ONLY BE FILLED OUT BY THE PRINCIPAL/SUPERVISOR**

I recommend this course as it meets one or more of the following Collective Bargaining criteria:

Educational Leadership     Critical Need Area *(As Determined by the Superintendent)*     **Recommend**

Instructional Technology     **Not Recommend**

Current Area of Assignment    Comments: \_\_\_\_\_

Supervisor's \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Staff Development Office Use Only**

Please check only one of the following:    Course Approved     Course Not Approved

Director Staff Development \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_    Receipt     Amount Paid for Course: \_\_\_\_\_

Amount \_\_\_\_\_  
Reimbursed: \_\_\_\_\_    Approval Initials: \_\_\_\_\_    Date: \_\_\_\_\_