



PRIOR APPROVAL NON-INSTRUCTIONAL TUITION REIMBURSEMENT FORM

** ONE COURSE PER FORM **

Name: _____ Employee ID #: _____

Work Site: _____ Job Assignment: _____
Be Specific!

State Primary Responsibilities in Job Assignment: _____

Course Title: _____

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

Name of College/University _____ Other 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

Please check only one of the following: Recommended Not Recommended

I recommend this course as it directly relates to the employee's current area of assignment:

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: _____