

OREGON TRAIL SCHOOL DISTRICT 46

District Administration Office
P.O. Box 547, Sandy, OR 97055-0547

APPLICATION FOR TUITION REIMBURSEMENT FOR COLLEGE COURSES

"Reimbursement Year" is July 1 through June 30.

- **PRIOR APPROVAL OF COURSE FOR TUITION REIMBURSEMENT IS REQUIRED.**
- **COURSE MUST BE RELEVANT TO YOUR SPECIFIC ASSIGNMENT WITH THE SCHOOL DISTRICT.**
- **COURSE DESCRIPTION AND STATEMENT OF FEES MUST ACCOMPANY REQUEST.**
- **Do not include costs for books, materials, lab fees, etc. Unless authorized by a specific grant, these costs are not reimbursable.**

Name _____ Employee ID# _____

Home Address _____

School _____ Work Phone _____ Home Phone _____

LICENSED NON-LICENSED ADMINISTRATOR

Request for direct payment to college or university
You must submit the pink copy of the completed (approved) form to the college/university as their billing authorization, when registering for the class. The pink form serves as a Purchase Order.

Request for prepaid tuition costs
Submit the **original** receipt verifying your payment to the college/university.

Request for tuition costs following completion of course
Submit the **original** receipt and official grade report to verify your payment and successful completion of the course.

Grade reports must be submitted to the Personnel Office in accordance with the negotiated teacher bargaining unit agreement. The employee agrees to reimburse the district for any payments made by the district on behalf of the employee if proper verification of course completion is not provided to the District Personnel Office in accordance with the negotiated agreement.

Inclusive dates of course: _____ to _____ Quarter _____, 20_____

College credit granted through:

Check this box if the course applies to a Master's program. Attach your Master's plan (signed by your college advisor) if it is not currently on file with the district personnel office.

Course No.	Course Title	Sem Hrs	Qtr Hrs	Course Cost
				\$
				\$
				\$

➔ **Submit all copies of this form to the Personnel Office BEFORE registering for a class. Course changes must also have prior approval. Notify the Personnel Office if a course is cancelled.**

Applicant affirms he/she will not receive financial assistance through a grant, scholarship award, or federal and/or state financial aid other than that provided by the School District for the term specified in this tuition request that could result in duplicate payment.

Signature of Applicant _____ Date _____

Approved Denied _____ Date _____
Principal/Supervisor signature

Approved Denied _____ Date _____
Personnel Officer's signature

Personnel Initials _____ Processor verifying billing information _____ \$ _____ Amount payable _____ Date _____
(Credits are available)

Quarter Hrs
 Semester Hrs

Budget Code(s) **Business Office/Date** **Approved Credits** \$ _____