

**TUITION REIMBURSEMENT APPLICATION**

**Application Deadlines:**

FALL - SEPT 15<sup>TH</sup>  
 SPRING - FEB 1<sup>ST</sup>  
 SUMMER - JUNE 1<sup>ST</sup>

Copy this form for your records.  
 Send original to the Personnel Office – Sharon Harding

Please print or type form

Name \_\_\_\_\_ School \_\_\_\_\_  
 Position \_\_\_\_\_ Date \_\_\_\_\_  
 Employed \_\_\_\_\_

Courses Requested*	Institution

• **ATTACH COURSE DESCRIPTION**

Please note – courses for Tuition Reimbursement require prior approval.  
 Please be sure that your courses do not precede your approval.

COST PER CREDIT \$ \_\_\_\_\_ TOTAL NO. CREDITS \_\_\_\_\_ TOTAL COST \$ \_\_\_\_\_

CHECK APPROPRIATE SEMESTER:

FALL 20-21 \_\_\_\_\_  SPRING 20-21 \_\_\_\_\_  SUMMER 20-21 \_\_\_\_\_

CHECK AS APPLICABLE:

\_\_\_\_\_ First Request  
 \_\_\_\_\_ Previously Denied (month/year) \_\_\_\_\_  
 \_\_\_\_\_ Prior Recipient (List date of attendance) \_\_\_\_\_

_____ APPROVED _____	_____ DISAPPROVED _____
_____ Adele V. Pecora, Superintendent	_____ Date
_____ Transcript received	
_____ Approved for payment	
_____ Copy to Business Office	

SEAFORD UNION FREE SCHOOL DISTRICT

**REIMBURSEMENT COVER FORM**

*(For any reimbursement other than conferences or mileage)*

Claimant's Name and Address

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Description of reimbursement

Amount: \_\_\_\_\_

GRAND TOTAL: \_\_\_\_\_

Signature \_\_\_\_\_

ORIGINAL documentation must be attached