

Northwest Regional Education Service District  
**TUITION REIMBURSEMENT REQUEST**

Please Refer to Board Policies and Administrative Rules (GDL/GDL and GCL/GDL AR; DLC and DLC AR) and Collective Bargaining Agreements (Licensed CBA Article 10 and Classified CBA Article 21) for Professional Development information.

**SECTION 1 – TO BE COMPLETED BY EMPLOYEE**

Employee's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ FTE: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

\* Course Number: \_\_\_\_\_ \* Course Title: \_\_\_\_\_ Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ Cost Per Credit: \_\_\_\_\_ Total Estimated Tuition and Fees: \_\_\_\_\_

Reason for attending: \_\_\_\_\_

***Upon approval, you will be notified to register for the course. Following successful completion of the course, submit proof of payment and grades (C or better) to the fiscal services department for reimbursement.***

I am submitting the completed form with all applicable back up to my supervisor for approval prior to registration deadlines.

\_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2 – SUPERVISOR APPROVAL**

I have reviewed this request and all required documentation is attached.

\_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3 – HUMAN RESOURCES APPROVAL**

Approved      Number of Credits Approved: \_\_\_\_\_      Dollar Amount Approved: \_\_\_\_\_

Not Approved      Comments: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Required: Attach course description from University catalog or flier***