



**CLASSIFIED REQUEST FOR TUITION REIMBURSEMENT**

Return Completed Form To: Human Resources

- The Classified Staff Development Committee determines the dollar amount for Classified Tuition Reimbursement each fiscal year, beginning July 1<sup>st</sup> and ending June 15th. The maximum amount of training reimbursement allocated per employee, per fiscal year, if available, on a first-come, first-served basis is \$400.
- Classified Tuition Reimbursement is limited to SKSD employees only (substitutes and those in temporary status do not qualify).
- Reimbursement made only to current employees for activities completed during employment.

**Instructions:**

1. Section A: **Prior** to taking the workshop/seminar/class, the applicant completes Section A obtaining the signature of the Principal or Supervisor and sends form to Human Resources for approval. *Attach copy of workshop/seminar/class information.*
2. Section B: The Coordinator of Professional Development approves or disapproves the application based on availability of funds and returns to the applicant.
3. Section C: **After** completing the workshop/seminar/class, the applicant completes Section C and sends form with *proof of payment and proof of attendance* (grade, certificate, etc.) to Human Resources.

**Section A: To be completed by applicant before taking workshop/seminar/class.**

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Employment Status:  Permanent  Limited-Term

Job Location \_\_\_\_\_ Total Cost of Activity \_\_\_\_\_

Begin/End Date or Term of Activity \_\_\_\_\_

Title of Workshop/Seminar/Class \_\_\_\_\_

Approval of Principal or Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Principal/Supervisor

Why do you want to take this workshop/seminar/class? \_\_\_\_\_

How would this workshop/seminar/class benefit Salem-Keizer School District? \_\_\_\_\_

**Section B: To be completed by Human Resources.**

Tuition reimbursement is:  Approved  Denied Amount Approved \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Coordinator, Prof. Development/Employee Programs & Benefits Date

**Section C: To be completed by applicant after workshop/seminar/class is completed.**

**Note:** Because this is a reimbursement program you must attach a copy of your receipt showing payment and verification you have completed/attended this activity. (See instruction 3 above).

I have attached my:  Proof of payment and  Proof of attendance

\_\_\_\_\_  
Employee's Signature Date (PR0-F002, 6/3/09)