

OTTAWA-GLANDORF SCHOOLS

PRIOR APPROVAL
FOR
TUITION REIMBURSEMENT

EMPLOYEE REQUEST

Today's Date _____

Employee Name _____

Name of Course _____

College or University _____ Number of Semester Hours _____

Starting Date _____ Ending Date _____

Course Description _____

_____ Estimated Cost _____

You will receive notification by e-mail. Please list your e-mail address _____

I certify that no wages or stipend will be received as compensation for the course described above.

Employee's Signature _____ Date _____

FUNDING APPROVAL

Date Paperwork Received _____

_____ Tuition reimbursement is approved for a maximum of \$ _____

_____ Tuition reimbursement is denied for the following reason:

_____ Individual has met maximum tuition reimbursement allowance for the current fiscal year.

_____ Board has met maximum tuition allowance for the current fiscal year.

_____ Board has allocated all funds for the current fiscal year; however, funding may be available at the end of the fiscal year if allocated funds are not expended. Any available funding will be offered to employees based on date tuition reimbursement request was received. You will be notified if funding is available. Please save all paperwork related to the above course.

Superintendent's Signature _____ Date _____

COURSE APPROVAL

_____ The above course supports building and district goals as determined by the LPDC and administration.

_____ The above course does not support building and district goals as determined by the LPDC and administration.

LPDC Chair's Signature _____ Date _____

Date notification sent to employee _____