

CICERO SCHOOL DISTRICT 99

REQUEST FOR REIMBURSEMENT FOR APPROVED COURSE OF STUDY AND/OR WORKSHOP WITH COURSE CREDIT FOR **TEACHERS**.

TO: Superintendent _____ Date _____

FROM: _____

EMPLOYEE ID: _____

I am requesting reimbursement in the amount of _____ for the approved course
(75% of tuition line 1)

of study or _____ as per course approval form.
(75% of workshop & course tuition line 2)

Course and/or Workshop Title

Date when course began

Date when course ended

The original transcript or grade report and tuition statement reflecting the cost of tuition must be attached to this request.

Signature

School (home school in-district)

OFFICE USE ONLY

10-5-2213-230

Pre-approval on file: Yes No School Year _____

Board Approval Date _____

Reimbursement: \$ _____ Date _____

Purchase Order # _____

Approved by Superintendent _____

Denied by Superintendent _____

Reason: *Pre-Approval not on file _____ *Late Submission _____

*Maximum Reimbursement reached for contract year _____ for
Individual _____ Entire CBA Unit _____

**REIMBURSEMENT WILL NOT BE GIVEN IF RECEIVED BEYOND 60 CALENDAR DAYS OF
COMPLETION OF COURSE.**

Revised 6.23.20