

# 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