

CICERO SCHOOL DISTRICT 99

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

_____ Date

TO: Superintendent

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 _____

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. REIMBURSEMENTS MAY NOT BE PAID BETWEEN THE LAST DAY OF EMPLOYMENT IN JUNE AND SEPTEMBER 1ST.