CANBY SCHOOL DISTRICT

TUITION REIMBURSEMENT REQUEST

☐ LICENSED ☐ CLASSIFIED ☐ ADMINISTRATOR

Name _____ Employee # _____

The District will reimburse teachers for tuition paid for approved classes at the college or university of the teacher's choice. "The amount of reimbursement will be limited to the tuition rate in effect at Portland State University at the beginning of the fall quarter of the year of attendance, or the actual tuition cost, whichever is less...." Article 19.A.2. (teachers' contract) Classified employees are reimbursed at the Clackamas County College rate (article 21.B.2).

PLEASE CHECK ONE:

☐ Workshop/conference with college credit ☐ In-district class w/college credit ☐ College credit class

(COMPLETE SEPARATE FORM FOR EACH COURSE REQUESTED.)

COURSE NUMBER **(1 CLASS ONLY)**	COURSE (OR WORKSHOP/ CONFERENCE) TITLE **(1 CLASS ONLY)**	# QTR. HOURS	COLLEGE/ UNIVERSITY	START/ END DATES	

Instructor's name: _____

Please attach: ☐ Course description ☐ Class fee schedule and/or ☐ Itemized payment receipt

"Licensed Educator courses will not be approved unless they relate to the teacher's goals and the approved program for professional growth." Article 19.A.2.b.,c.

This class relates to the following goal: _____

_____

_____

Are you requesting **prepayment** of tuition? .....☐ Yes ☐ No

". . . If after receiving prepayment of tuition, the licensed educator is unable to provide evidence of successful completion of the course (grade card or transcript), reimbursement to the District will be in the form of payroll deduction..." Article A.19.4.b.

☐ Submitted for reimbursement after completion of class. (Grade/transcript attached.)

What is the **tuition** cost for this class? (**amount** of reimbursement)..... $ _____

The reimbursement will be issued by automatic deposit; district staff will not register you for classes.

Signature: _____ Date: _____

Approved by: _____

Signature of Principal/Evaluator Date

DISTRICT OFFICE USE ONLY:

CREDIT HOURS USED CURRENT YEAR: _____ APPROVED: ☐

(IF APPLICABLE,)

CREDIT HOURS USED PREVIOUS YEAR: _____ BY: _____

SIGNATURE OF DISTRICT OFFICE ADMINISTRATOR DATE

REQUEST REJECTED: ☐ FOR FOLLOWING REASON(S): _____

_____

REV. 11/17