



PALMERTON AREA SCHOOL DISTRICT
 3533 FIRELINE ROAD, PALMERTON, PA 18071

TUITION REIMBURSEMENT FORM

Staff Member: _____ Date of Request: _____

Building: _____ Position: _____

Part I – Course information (Proof of prior approval **must** be attached.)

College/University: _____ Semester _____

	TITLE OF COURSE	COURSE #	# OF CREDITS	GRADE RECEIVED
1				
2				
3				

Purpose of Course: Level II/Permanent Cert Continuing Ed Act 48

Part II – Attachments & Request

Copy of paid in full receipt from the college/university Official Transcript(s)

The cost of the course(s) per credit \$ _____ Total reimbursement request is \$ _____

I, hereby, certify that the above information is accurate and correct and I request the reimbursement in accordance with the current bargaining agreement. In the event, I the employee terminate my employment; the District shall be entitled to repayment prorated in accordance with the current bargaining agreement.

Employee's Signature: _____ **Date:** _____

Send the form to: **The Superintendent's Office**

Part III – (To be completed by the Superintendent's Office)

Superintendent's Signature: _____ **Date:** _____

Request approved at the Monthly Board Meeting on (Date): _____

Total course cost: \$ _____ Percentage paid: _____ % Total reimbursement \$ _____

Confirmation Copies: Original – Personnel Copy – Staff Member