



PALMERTON AREA SCHOOL DISTRICT
680 Fourth Street, Palmerton, PA 18071

TUITION REIMBURSEMENT FORM

Employee: _____ Date of Request: _____

Building: _____ Position: _____ PPID#: _____

Part I – Course information (proof of prior course approval **must** be attached)

College/University: _____ Date Course Began: _____

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

Purpose of Course: Level II/Permanent Certification Continuing Education Act 48

Part II – Attachments & Request

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

The cost of course(s) per credit \$ _____ Total reimbursement requested \$ _____

I, hereby, certify that the above information is accurate and correct, and I am requesting the reimbursement in accordance with the current bargaining agreement.

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

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

Part III – Completed by the Superintendent's Office

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

Maximum course credit rate: _____ X _____ = \$ _____

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

Request approved at Board Meeting on (date): _____

Confirmation Copies: Original – Superintendent's Office
Copy – Employee