

**HOLDEN R-III
TEACHER TUITION REIMBURSEMENT FORM**

This form is to be completed and returned to Central Office **AFTER** the completion of college credit hours for which you wish to be reimbursed and by September 30th for all course work completed in the previous 12 months. After all the proper documentation has been submitted to Central Office, your request will be processed and presented at the next scheduled regular school board meeting for approval. You will receive your check following that approval.

PLEASE COMPLETE THE FOLLOWING:

Teacher's Name _____

Holden R-III Building: (Check One)

_____ Holden Elementary

_____ Holden H.S.

_____ Holden M.S.

_____ Central Office

Name of Accredited University Attended for these Credits:

Degree & Area of Concentration Working Towards: (Ex.: Master of Arts in Education)

Number of Credit Hours Requesting Reimbursement For:

_____ Credits Annual maximum of 15 reimbursable credit hours per fiscal year,
(Beginning with Summer through following Spring courses)

AN OFFICIAL TRANSCRIPT SHOWING THE COMPLETION OF THESE COURSES WITH GRADE(S):

IS ATTACHED

HAS BEEN ORDERED FROM THE UNIVERSITY TO BE SENT DIRECTLY TO HOLDEN R-III C. O.

_____ **A COPY OF THE PAID BILL FROM THE UNIVERSITY IS ATTACHED**

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|----------------------------|----------|---|
| Central Office Use Only: | _____ | Number of Credit Hours Eligible for Reimbursement |
| | x _____ | Reimbursable Rate (Up to \$100 per hour) |
| | \$ _____ | Total Reimbursable Amount |
| Documentation Verified By: | _____ | Date _____ |