## **CHECKLIST FOR TUITION REIMBURSEMENT**

STAFF NAME
COURSE NAME AND NUMBER
CREDIT HOURS TOTAL COST
LPDC PRIOR APPROVAL GIVEN? (CHOOSE ONE): Yes No LPDC REPRESENTATIVE: Date
TENTATIVE APPROVAL GIVEN? (CHOOSE ONE) YES NO
Request for tuition reimbursement form
Course description (Must accompany request form for tentative approval)
Grade indicating successful completion of course (Can be grade report or unofficial transcript for tuition reimbursement)
Billing information for course
Payment information for course
FINAL APPROVAL GIVEN? (CHOOSE ONE):YESNO  DATE OF FINAL APPROVAL:
Comments:

## REQUEST FOR APPROVAL OF COURSE WORK FOR TUITION REIMBURSEMENT

Name		
Building		Date
Credit Hours	Cost per Hour	Total Cost
Additional Con	nments:	
College/Univer	sity Providing Credit	
Dates Course is	to be Taken	
		ourse, including course number, prepared by the ence courses are not eligible for reimbursement.
		***************************************
For Office use only	y:	
Course is	tentatively approved for tuition not approved	ı reimbursement
	Signature of Decision Maker	Date
Upon completion of the course for	n of the course, please return to the board	of education office with the billing indicating proof of payment of that that bill, and grades
	Signature of Decision Maker	