

## TUITION REIMBURSEMENT REQUEST FORM (School Nurses)

Employee Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ Employee ID \_\_\_\_\_

Please complete this form to apply for reimbursement of tuition costs towards ISBE licensure. Funds are not to exceed 10 hours and/or \$3000 annually. Requests will be reviewed by the Human Resources Department and the Director of School Health Services.

***Any employee who resigns within 2 years of receipt of these funds shall reimburse the district for the amount they received.***

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### **Criteria for reimbursement:**

- Applicant must provide approved course list from university (course(s) must be relevant to obtaining ISBE licensure)
  - Earn an A or B in each course
  - Submit ***“Tuition Reimbursement Request Form (School Nurses)”*** and a transcript (official or unofficial) or grade report to Human Resources no later than:
    - ***February 1<sup>st</sup>*** for courses completed during the fall semester
    - ***June 1<sup>st</sup>*** for courses completed during the spring semester
    - ***September 1<sup>st</sup>*** for courses completed during the summer semester
  - Reimbursement limit is \$3000 and/or 10 hours per calendar year
- Failure to meet these criteria or deadlines may negate this request***

Name of University: \_\_\_\_\_ Semester enrolled:  Fall  
 Spring  
 Summer

Name of course(s): \_\_\_\_\_

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Tuition per credit hour: \$ \_\_\_\_\_ X \_\_\_\_\_ credit hours = \$ \_\_\_\_\_ (total cost of tuition per semester)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Director of School Health Services

\_\_\_\_\_  
Superintendent or Designee

Office use only: Date Received: Request Form \_\_\_\_\_  
Date Received: Transcripts \_\_\_\_\_