TUITION REIMBURSEMENT REQUEST FORM (Teaching Assistants)

Employee Name	Position
School	Employee ID
Please complete this form to apply for reimbursement of tuition costs. Funds are limited and will be reviewed, and dated, as requests are received by the Human Resources Department. Once all criteria are met, tuition reimbursements will be approved in date order of receipt in the Human Resources Department until all funds are exhausted annually. Additionally, any employee who resigns within 2 years of receipt of these funds shall reimburse the district for the amount they	
received (per contract language, page 21).	
 educator's license (regular, school nurse or Submit "Tuition Reimbursement Request I contract language, page 21): September 1st for fall courses February 1st for spring courses June 1st for summer courses Earn an A or B in each course 	r grade report to Human Resources no later than: d during the fall semester ring the spring semester ded during the summer semester demic year
Name of University:	Semester enrolled:FallSpring Summer
I am working toward a professional educator's licelicensure).	
Name of course(s):	
Tuition per credit hour: \$ X	
Employee Signature	Human Resources Director
DFTA President	Superintendent or Designee
Office use only: Date Received: Request Form Date Received: Transcripts	