

# Festus R-VI School District

## Tuition Reimbursement Request

IMPORTANT NOTE: Check requests MUST be turned into the Central Office: by the first Monday of each month, in order to be submitted to the monthly Board Meeting. If not, the checks will be processed at the Board Meeting of the following month.

Name: \_\_\_\_\_

Plan of Study on file in Central Office: Yes\_\_\_\_ No\_\_\_\_

Transcripts showing all classes & hours, grades, and semester taken have been submitted to Central Office: Yes\_\_\_\_ No\_\_\_\_

<u>Classes you are requesting reimbursement for:</u>	<u>Hours:</u>	<u>Semester Taken:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

I understand that classes will not be reimbursed unless a plan of study was submitted to the Central Office prior to my classes being taken and an official transcript has been received.

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

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_