

**NORTH CONEJOS SCHOOL DISTRICT RE-1J
EMPLOYEE TUITION REIMBURSEMENT REQUEST FORM**

Requested School Year / Date of Request: _____ / _____

Employee Name: _____

Employee Assignment: _____

Course Start Date: _____ Course Completion Date: _____

Title of Course(s): _____

Area of Study: _____

Number of Credits Requesting Reimbursement: _____

Cost per Credit: _____

How does this course relate to my current hired assignment? _____

Note: By signing this request you are attesting the information is true and you are aware of the eligibility guidelines attached in the governing board policy, including the reimbursement to the school district should you voluntarily resign your position at North Conejos School District within three years. An updated copy of transcripts with the course title, start, and completion date are mandatory for administration prior approval, and later reimbursement to the employee. Tuition reimbursement will be paid out on an annual basis at year ending during the month of June.

Employee Signature

Date

Principal/Supervisor Signature

Date

Superintendent Signature

Date