



Christopher Hodnicki, President
 Jason Schreiner, Vice President
 James Terry, Vice President
 Rhea Young, Treasurer
 Wendy McCall, Secretary
 Melissa Fitzgerald, Secretary

"Working together for our kids"

TUTITION REIMBURSEMENT REQUEST FORM

Guidelines:

*Please complete all sections of the Reimbursement Request Form and then send all information requested for the current school year (July 1 through June 30th) to TAWLS Tuition Reimbursement Representative by **September 15th**. If you have any questions or concerns, please contact the TAWLS Tuition Reimbursement Representative or Officer. **You must attach a copy of transcript or grade card with grade C or better to be reimbursed.***

Employee Name: _____

Building: _____ Extension # _____

Grade Level or Subject Taught: _____

I. Total amount paid by TAWLS member for tuition \$ _____
(May include general fees, but not books, technology, parking or legal fees.) Copy of a paid, itemized receipt with your name printed on it from university/college must be attached.

II. Total number of semester or quarter hours for which reimbursement is requested (from 7/1 – 6/30):
 _____ Quarter Hours _____ Semester Hours

III. List title of courses taken and dates completed:

(1)	<hr/>	<hr/>	<hr/>
	<i>Course Title</i>	<i>Course #</i>	<i>Institution granting credit</i>
	<hr/>	\$ <hr/>	<hr/>
	<i>Date course began/ended</i>	<i>Amount paid by TAWLS member for course</i>	
(2)	<hr/>	<hr/>	<hr/>
	<i>Course Title</i>	<i>Course #</i>	<i>Institution granting credit</i>
	<hr/>	\$ <hr/>	<hr/>
	<i>Date course began/ended</i>	<i>Amount paid by TAWLS member for course</i>	
(3)	<hr/>	<hr/>	<hr/>
	<i>Course Title</i>	<i>Course #</i>	<i>Institution granting credit</i>
	<hr/>	\$ <hr/>	<hr/>
	<i>Date course began/ended</i>	<i>Amount paid by TAWLS member for course</i>	
(4)	<hr/>	<hr/>	<hr/>
	<i>Course Title</i>	<i>Course #</i>	<i>Institution granting credit</i>
	<hr/>	\$ <hr/>	<hr/>
	<i>Date course began/ended</i>	<i>Amount paid by TAWLS member for course</i>	

Approved _____ TAWLS Tuition Reimbursement Representative

Amount \$ _____ Date _____