



4670 11th Street
East Moline, IL 61244
309-796-2500
309-796-2911 Fax

Christan Schrader
Director

REQUEST FOR TUITION REIMBURSEMENT

I am requesting tuition reimbursement for a college course completed. I understand that in order to receive reimbursement I must have: been approved for reimbursement prior to initiating the course, submit a receipt indicating I have paid for the course, and submit a transcript indicating successful completion of the course.

Note: Reimbursement amount will be limited to the employee's professional development funds available each school year and at the time of the request for reimbursement.

Course Number/Name

College/University

Amount of Reimbursement Requested

Employee's Signature

Date

Any transcripts submitted 1 year after course end date will be subject to administrative approval.

FOR OFFICE USE ONLY

____ Reimbursement approved in the amount of \$_____

____ Reimbursement not approved due to _____

Director Signature

Date