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Director

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REQUEST FOR TUITION REIMBURSEMENT

I, _____, am requesting tuition reimbursement for a college course.
(Employee Name)

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.

_____ College/University
Course Number/Name

Amount of Reimbursement Requested

_____ Date
Employee's Signature

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 _____

_____ Date
Director Signature