



4670 11<sup>th</sup> Street East Moline, IL 61244 309-796-2500 Fax 309-796-2911

## REQUEST FOR TUITION REIMBURSEMENT-TUITION REIMBURSEMENT POOL

I,	, am requesting [	Tuition Reimbursement (up to \$1000) for college
Tuition	(Employee Name) n. The course was completed during my	actual employment period, after July 1 <sup>St</sup> 2024.
Please I must		that in order to qualify for Tuition Reimbursement
0	Be in good standing with the Distric	t.
0	Received Director approval for reimbursement on the course approval form.	
0	Completed a course from an accredited institution or program.	
0	Earned a grade equivalent to a "B" or better and submit official transcripts indicating successful completion of the course.	
0	Provide proof of payment indicating I have paid for the course.	
the full amount of the tuition reimburs  Course Number/Name		College/University
Amount of Reimbursement Requested		Anticipated Degree
Employee's Signature		Date
*****		**************************************
R	Reimbursement approved in the amount	t of \$
R	Reimbursement not approved due to	
Director Signature		Date