

TUITION REIMBURSEMENT ISSUE CHECK FORM

___ Teacher
 ___ Principal
 ___ District

Date: _____

Issue Check To: _____ Step _____ % _____

List each course taken including course number, course name & semester hours.

Course #	Course Name	Semester Hours	Amount Due

TUITION REIMBURSEMENT SCHEDULE

Step 1 through 5 on salary schedule	85% reimbursement, up to \$225/semester hour	Max. \$2700 yearly
Step 6 through 10 on salary schedule	75% reimbursement, up to \$180/semester hour	Max. \$2160 yearly
Step 11+ on salary schedule	60% reimbursement, up to \$150/semester hour	Max. \$1800 yearly

The Board reserves the right to change the maximum allowable reimbursements depending on available funds, but the allowed amount shall not be less than \$10,000 without approval of the Amboy Education Association.

Courses taken at the request of the School District to fill a critical need area shall be reimbursed at 75%. The maximum reimbursement will still apply.

ISSUE CHECK IN THE AMOUNT OF: _____

Signed _____ Teacher

Signed _____ Principal

Signed _____ Superintendent

FOR OFFICE USE

Tuition Amount _____ Hours _____ % Amount _____ Hourly Amount _____ Total Due _____	Approved Date _____ Approved By _____ Charge to Account _____
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