

TUITION REIMBURSEMENT FORM

BRIGHTON AREA SCHOOLS
DEPT. OF HUMAN RESOURCES



(Please print)

NAME:		EMP ID#:	DATE:
BUILDING:			
CERTIFICATE: Renewal Type: (circle one)	PROVISIONAL <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> 1st 2nd 3rd	EXPIRATION: <input style="width:100px;" type="text"/>	

Submitted Expenses must fall within the current school year July 1 - June 30 and apply for certificate renewals ONLY.
(See the reverse side for teaching certificate renewal guidelines and examples)

Your submission **must be received prior to June 30th** - reimbursement will be processed into September pay period.
Please attach and **highlight** all required information from Accredited University billing statement and provide proof of your personal payment.
Attachments **must include** course name, dates, credits, grades, fess and payment in order to process for reimbursement.
Incomplete submissions will be returned to you.

Course Dates	Course Prefix/Name	# Credits	Grade	Course Fee	Accredited University	Grade/Receipt Attached & Highlighted
1.						
2.						
3.						
4.						
5.						
TOTALS:						

Your Signature: _____ (your signature is required)

My signature above indicates that I agree it is my responsibility to understand and follow the guidelines as noted on this form and provide complete and accurate information by the deadline, otherwise consideration for reimbursement will be denied. I further understand that consideration for reimbursement will apply only to courses which are recognized and taken to renew my teaching certificate up to a maximum of 18 total credits.

HUMAN RESOURCES/BUSINESS OFFICE USE:	DATE STAMP/RECEIVED BY HR:
ACCOUNT: _____	
APPROVED AMOUNT: _____	
DATE PROCESSED: _____	

