



Tuition Reimbursement Application

Bend-La Pine Schools

Name:	Date:
School / Department:	Assignment:
<input type="checkbox"/> Administrator/Supervisor	<input type="checkbox"/> Licensed
<input type="checkbox"/> Classified	<input type="checkbox"/> Confidential

Type of Course: College or University Bend-La Pine Partnership Course (university course taught by BLS employee)

Check all of the following that apply:

I am receiving compensation for taking this course (i.e., stipend, district paid substitute, etc.)

This class will be offered during my work hours during my contracted work days

This class is fulfilling my contracted day 189 or 190 (for certified employees only)

**if any of the above boxes are checked then your course is NOT eligible for tuition reimbursement - certified employees may take the course for salary placement credit*

My administrator / supervisor asked me to take this class

This class is required for my licensure under the guidelines of the Teacher’s Standards and Practices Commission

I am participating in Bend-La Pine Schools Alternative Pathways Program

This course is during my work hours and the district is NOT providing a substitute for my absence

This class will help upgrade and update my performance in my current position:

PLEASE USE ONE FORM FOR EACH SCHOOL TERM OR FOR EACH COLLEGE / UNIVERSITY

Course Name / Number	Credits	Dates / Times	College / University	Cost

Approval must be given prior to enrolling in a class

- Procedures for Approval:**
1. Submit this form and a course description prior to enrolling in the class to the Human Resources Department
 2. The class must be offered outside of the employee’s work hours and no travel expenses or fees paid for by the district.
 3. Reimbursement will be granted when the following documentation is presented:
 - a. Evidence of successful completion of the course (transcript, grade slip, or attendance verification by instructor)
 - b. Evidence of tuition charges and payment for the course (invoice, student account statement, credit card statement, etc.) **credit cards with any awards programs linked to them may not be used for tuition reimbursement (ORS 244.020, 040, 080)**

Employee Signature	Date	Supervisor Signature	Date
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<input type="checkbox"/> REQUEST APPROVED	<input type="checkbox"/> REQUEST DENIED
Director of Human Resources Signature:	Date: