BEND-LA PINE SCHOOLS
DESCHUTES COUNTY, BEND OREGON

TUITION REIMBURSEMENT APPLICATION

NAME_____ **DATE** _____

SCHOOL / DEPARTMENT_____ **ASSIGNMENT**_____

( ) Administrator **( ) Licensed** **( ) Supervisor** **( ) Classified**

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

COURSE NAME AND NUMBER	CREDIT	TIME(S)	DATE(S)	COLLEGE / UNIVERSITY	COST

Please explain how this course qualifies for tuition reimbursement:

( ) 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.

( ) This class will help upgrade and update my performance as a teacher.
(Please explain how this class relates to your Professional and/ School Improvement Plan.)

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PROCEDURES FOR APPROVAL:

1. A course description **MUST** be attached to all applications.
2. Approval must be granted **PRIOR** to enrolling in the class.
3. **The class must be offered outside the employee's work hours and no travel expenses or fees paid for by the district.**
4. Reimbursement is granted only when the following documentation is presented:
   a. Evidence of successful completion of the course(s); transcript, grade slip, or attendance verification by instructor
   b. Evidence of tuition charges and payment for the course(s); Invoice, student account statement, credit card statement & bill, etc.

IMPORTANT NOTE: credit cards with any rewards programs linked to them can not be used for tuition reimbursement. (Per ORS 244.020, 040, 080)

_____ _____
Employee Signature Date Administrator / Supervisor Signature Date

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Director of Human Resources Date

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