

PERSONNEL  
TUITION REIMBURSEMENT/ADVANCE

Request for Tuition Reimbursement

Name \_\_\_\_\_ Department \_\_\_\_\_

Position \_\_\_\_\_ Date of Request \_\_\_\_\_

Institution \_\_\_\_\_

Course Title \_\_\_\_\_

Course Description \_\_\_\_\_

Number of Classes \_\_\_\_\_ Number of Credits \_\_\_\_\_

Beginning and Ending Date of Class \_\_\_\_\_

Tuition cost per credit \$ \_\_\_\_\_ Total tuition \$ \_\_\_\_\_

Briefly describe how the knowledge and skills offered in the course will enhance your contribution to the Association.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you receive additional tuition reimbursement from any other entity other than the Association?  
Yes \_\_\_ No \_\_\_ If yes, pursuant to GO/4131.3R you must provide proof prior to being reimbursed by the Association.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Director's Approval \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Director's Approval \_\_\_\_\_ Date \_\_\_\_\_

**N E W J E R S E Y S C H O O L B O A R D S A S S O C I A T I O N**

**GOVERNANCE & OPERATIONS**

**FILE CODE: GO/4131.3E**

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NOTE: Approval of the request does not guarantee reimbursement, reimbursement is dependent upon successful completion of the course.