

ANTWERP LOCAL SCHOOL

TUITION REIMBURSEMENT FORM

NAME: _____ **DATE:** _____

COLLEGE/UNIVERSITY: _____

GRADE: _____ **SEMESTER:** _____

HOURS: _____ **TUITION RATE PER HOUR:** _____ *

***Reimbursement only for tuition paid by employee**

For calculation of reimbursement – see negotiated agreement

Please provide:

- **Original transcript for proof of completion**
- **Copy of payment or invoice.**

Courses must be complete by May 15th in order to qualify for this year's reimbursement.

This form and all documentation listed above must be turned in by May 15th