

Tuition Reimbursement Pre-Approval Form / Paraprofessional

NAME:	SCHOOL:	EMP ID:	
ADDRESS:			
CITY / STATE / ZIP			
Name of University:	Course S	Course Start Date:	
Course Title:		(include copy of course description	
Course Code:	# Credits		
THIS FORM MUST BE RECEIVED IN T	HE HUMAN RESOURCES OFFICE <u>BEF</u>	ORE THE START OF THE COURSE.	
Tuition Reimbursement for Para	aprofessionals is currently \$900.00 p	per fiscal year (July 1-June 30)	
reimbursement. A copy of the t	ne Human Resources office <u>must</u> be ranscript and proof of payment mustrse is completed. This benefit only a	st be received by the Human	
Principal or Supervisor must com	plete below:		
Course is related to employee's assig	nment YES	NO	
Course supports individual profession	nal development plan YES	NO	
Do you recommend enrollment?	YES	NO	
Name of Principal or Supervisor (Prin	nt)		
Signature:		Date:	