

SALIDA SCHOOL DISTRICT R-32-J
TUITION CREDIT REIMBURSEMENT FORM FY 2017-18

(See Negotiated Policy GBABA-R2-N)

Print Name _____

Date _____

Signature _____

Per School Board decision, May 2014, classes eligible for reimbursement include those in which the teacher was enrolled in and completed between July 1, 2017 and June 30, 2018.

In accordance with Negotiated Policy GBABA-R2-N, I hereby request reimbursement for the following tuition credit:

COURSE NAME	HOURS COMPLETED <small>(Identify <u>semester</u> or <u>quarter</u>)</small>	NAME OF INSTITUTION

TOTAL CREDIT HOURS:

**ATTACH COPIES OF TRANSCRIPT(S) AND
PROOF OF PAYMENT FOR EACH COURSE**

Approval Signature

Amy Ward

For Admin Office Use Only:		
Batch:	Check No.:	Date: