



BIGELOW | READING | RUSHMORE | WILMONT

-INDEPENDENT-
SCHOOL DISTRICT **518**

WORTHINGTON, MN

Worthington ISD 518 Tuition Reimbursement Request Form

Employee Name: _____ **Date:** _____

Department: _____ **Job Title:** _____

Name of School: _____ **The proposed Course is (check all that apply):**
 Undergraduate Course/Credit
 Graduate Course/Credit

Course Title	Course Number	Credit Hours / Final Grade	Tuition & Fees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please disclose any other Financial Assistance you are receiving including all scholarships, grants, and aid.

Course Dates **Are Course(s) for Credit Leading to a Degree?**
From: _____ **To:** _____ Yes No

Name of Diploma/Degree: _____ **Major Field of Study:** _____

ATTACH supporting documentation addressing the following questions and any other comments:

1. How does the proposed course of study relate to your job assignment/position duties?
2. How will the course-provided knowledge/techniques improve your performance and be useful for your position?
3. If the course meets during your normal work hours how will your work schedule be adapted?
4. Provide any additional information you feel necessary for approval of this request.

I have read and understood the Tuition Reimbursement Policy and agree to the terms of the policy.

Employee Signature: _____ **Date:** _____

REVIEW AND SIGNATURES:

- Employee Supervisor will review, sign off and forward to Human Resources, even if NOT approved.

Supervisor Signature: _____ **Date:** _____

- If approved Administration will send a copy to the employee. Human Resources will also e-mail notice of approval to the employee and employee's supervisor.
- If NOT approved Human Resources will inform both parties of the decision.

Human Resources Signature:

Date:

Approved

Denied

If denied, state the reason:

Office Use Only:

- Required signatures
- Copy of the tuition bill
- Copy of class schedule
- Copy of Transcript
- Course justification
- Reimbursement made to the employee

Instructions for completing and submitting the Employee Education reimbursement request.

The employee will complete the form with the required information and attach a written letter with the required information.

The employee will give the completed request, letter, and supporting documents to the supervisor.

The supervisor will review and sign off on the form and forward it to the Human Resource Department for approval.

The Human Resource department will review and process the request and notify the employee within 10 days of receipt of the completed request if the request for educational reimbursement is approved or denied.

Questions should be directed to hr@isd518.net or call 507-372-1103