

## **Hazleton Area School District**



1515 West 23<sup>rd</sup> Street · Hazle Township, PA 18202 · Phone 570-459-3111 · <u>www.hasdk12.org</u>

## REQUEST FOR COURSE TUITION REIMBURSEMENT

PPID:	DATE:		
Name:			
Last	First	MI	
Dept/Grade Assignment:			
I am requesting to be reimburse Teachers' Collective Bargaining	d for the cost of tuitio	n for the following course in	
Course Number:	Course Title: _		
College/University:		Online Course yes	no hybrid
Grade Received Upon Completio	n:	Number of Credits	Earned:
Course Completion Date:			
Amount Paid (for Tuition Only)	Š I	Paid by: Check Cr	redit Card Cash
	Other	Method	
I have attached the following do	cumentation:		
Original Course Approval For Proof of Grade Received (ex. of Proof of Payment in Full (ex. of Proof of Cost of Tuition Only	Grade report/transcript, etc) Cancelled check/credit card sta	•	
(Printed Name)	(Signat	cure)	(Date)
	DISTRICT U	JSE ONLY	
Approved	Disapproved (Reaso	n:	)
Authorized By:		Date:	

\*\* Please complete this form and submit it to the Assistant Business Manager in accordance with the Teachers' Collective Bargaining Agreement currently in force. Your signature on this form attests to the fact the all information on this form is complete and accurate. \*\*