

Tuition Reimbursement Form

WCS Policy 4175



Please Note: Employee may apply to the West Virginia Department of Education for additional reimbursement. The maximum amount of reimbursement from local funds is \$1,400 annually. (July 1 through June 30.) Classes that span the fiscal year are paid based on the end of the term.

Section 1 – General Information

Employee Name: _____ Employee ID Number: _____

Address: (Number, Street, State and Zip) _____

Present Position: _____ Phone Number: _____

School and/or Location: _____ Full Time ☐ Part Time ☐

Section 2 – College Information

Accredited College or University Attended _____

Month and Year Class Completed _____ Number of Hours Completed _____

Amount of Tuition/Fees Requested _____ (CANNOT EXCEED \$1,400)

☐ I acknowledge that the amount listed above does not exceed \$1,400. Forms will be returned if the amount in the box is more than the maximum permitted.

☐ I have attached a tuition receipt and proof of grade.

☐ I have submitted the required documentation within 90 days of course completion.

Total amount reimbursed this fiscal year (Since July 1) _____

Section 3 – Signatures and Approval

Signature of Employee

Date

Signature of Assistant Superintendent

Date