

ALDEN-HEBRON DISTRICT #19
HEBRON, ILLINOIS

TUITION REIMBURSEMENT

School Year _____

Today's Date _____

Name of Employee _____

Name of Course _____

College or University _____

Approval Date _____

Credit Hours _____

Circle One:

Undergraduate Level --- \$300.00 per hour maximum reimbursement

Graduate Level -----\$300.00 per hour maximum reimbursement

Total Amount to be Reimbursed _____

Please submit proof of your original payment w/this form

Reimbursement will be credited after your grades have been submitted to the District.
Reimbursement is given for Grades of A or B only.



Superintendent's Signature _____

Superintendent's Approval Date _____

Total credits reimbursed for this school term including this reimbursement: _____

Funds Account Information: _____

Copy to: Employee, Bookkeeper, District Office

01/19/17