

Credit Reimbursement Request

Name _____ Date _____

Course Title _____

Date Taken _____ No. of Credits _____

Amount Paid for Course _____

Total Reimbursement Requested

(Actual cost of course - not to exceed UW-Whitewater graduate course rate)

I understand that reimbursement will be made at the actual cost of the course, to a maximum of the current amount per credit permitted under the Handbook. I understand that, if I separate from District employment (voluntarily or involuntarily) after receiving reimbursement, I will be required to pay the District back for the credit reimbursement costs based on the following schedule:

- If I separate from employment in the District at least two (2) full calendar years from the date that I submit this form to the District, I shall not be required to repay the District for any of the credit reimbursement costs.
- If I separate from employment in the District at least one (1) full calendar year from the date that I submit this form to the District, but less than two (2) full calendar years from the date that I submitted the reimbursement request form to the District, I shall be required to repay the District for fifty percent (50%) of the credit reimbursement costs.
- If I separate from employment in the District less than one (1) full calendar year from the date that I submit this form to the District, I shall be required to repay the District for one hundred percent (100%) of the credit reimbursement costs.

I hereby authorize the District to deduct any repayment amount owed to the District from any remaining compensation due to me upon my separation.

Signature

Date

Attach: Documentation showing cost, grades and institution providing credit.