



## Powhatan County Public Schools Tuition Reimbursement Request Form

Requests for reimbursement **MUST** comply with the division requirements below:

- 1) Reimbursement will be allowed for one tuition reimbursement request for three hours of credit per fiscal year from an accredited college/university.
- 2) Course reimbursement will only be allowed for **pre-approved** licensed teachers in the federal core content areas prior to enrollment.
- 3) All preapproval requests **MUST** be forwarded to the Assistant Superintendent of Instruction for review prior to enrolling in the class.
- 4) Final determination for tuition assistance shall rest with the Assistant Superintendent of Instruction or Division Superintendent.
- 5) To the extent that funding is available, reimbursement will be provided for the cost of tuition and textbooks, but shall not exceed \$800 per course.
- 6) Upon completion of the class the original approved Tuition Reimbursement Form **MUST** be returned to the Assistant Superintendent of Instruction accompanied by receipts for tuition, textbooks purchased; and a copy of the grade report showing a "B" or higher upon completion of the course taken.
- 7) Employees requesting reimbursement shall work for Powhatan County Public Schools for up to one year following course completion; if not, the amount of the reimbursement will be deducted from the final paycheck upon leaving the system.

### PREAPPROVAL REQUEST

Name of employee requesting reimbursement: \_\_\_\_\_

Subject Area/Grade level taught: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Course: \_\_\_\_\_ Course No.: \_\_\_\_\_

College/University offering the course: \_\_\_\_\_ Dates of Course: \_\_\_\_\_

I certify that this request for reimbursement meets the School Division requirements as specified.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent of Instruction

\_\_\_\_\_  
Date

\*\*\*\*\*

**Submit original to Tracie Omohundro at Central Office upon completion of course along with receipt documentation.**

Requested reimbursement:	Tuition	\$ _____	(receipt attached)
	Books	\$ _____	(receipt attached)
	Total	\$ _____	(Code <b>02-35-100-61310-3830</b> )
	Grade Received	_____	(attached)

Final Reimbursement Approval

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Date