

Support Staff College Tuition Pre-Approval Form

Instructions to applicant:

- 1) Complete this form with Administrator's signature along with the Student Detail Schedule (or equivalent) for the current term prior to starting the course.
- 2) Once course is completed submit the Support Staff - College Tuition Reimbursement Form Through RECORDS within 30 days to be eligible along with the following:
 - a. Paid Account Summary (or equivalent) for course taken and an Account Detail (or equivalent) for reimbursement: tuition amount, scholarships, and grants. (if no scholarships or grants, account summary must indicate no financial aid)
 - b. Course Agreement (or equivalent) from college showing credit hours for course taken
 - c. Grade card for course taken (course codes must match on all forms)
- 3) A new application MUST be submitted if course is retaken.
- 4) If the course is not passed or dropped, please contact the HR Dept.

Please note: Tuition Reimbursement exists for the benefit of the employee who is seeking greater educational growth and opportunity, but such study and pursuit must also benefit CCPS (as the employer). The district reserves the right to approve for reimbursement courses and programs and degrees that relate directly to the employee's work and/or to the District's hiring needs.

Name:	ID#:
Position:	Work Site:
State Primary Responsibilities in Job Assignment: _____	
Course Title:	Course Beginning Date:
Course Prefix & Number:	Expected Ending Date:
Name of Accredited College/University: (Must be an Accredited College)	
Semester/Quarter hours:	Under-Graduate yes no
Participant's Signature: _____	Graduate yes no
	Date: _____ Degree Seeking?

To Be Completed by Administrator/Supervisor

Recommended: _____	Not Recommended: _____	
I attest to the accuracy of Primary Responsibilities in Job Assignment as indicated above.		
Administrator's name: _____	Signature: _____	Date: _____

Human Resources Office Use Only

Course Approved: _____	Course Not Approved: _____		
Final approval HR Manager Signature: _____	Date: _____		
Grade: _____	Letter Sent: _____	Amount Paid: _____	Amount Reimbursed: _____