

Hamlin Collegiate ISD Tuition Reimbursement Form

Employee Name _____

Date _____

Amount of Tuition Reimbursement _____

*($\$500$ per class up to $\$2,000$ per school year)

Please Check Boxes Below

- I have included the required documentation showing the cost of the classes and my payment to the college
- The classes that I'm taking are for a college Masters Program
- The classes that I'm submitting for reimbursement were taken in the current school year
- I understand that the Board approved a cap of $\$5,000$ per school year for all employees and will be used on a first come basis with a cap of $\$2,000$ per employee.

(All boxes have to be checked before approval)

Business Manager

Superintendent

*(Based on Annual Board approval)