

Tuition Reimbursement Form

for Teacher

Employee Information

Full Name: _____

Employee ID: _____

Department: _____

School/Institution Name: _____

Position/Title: _____

Contact Number: _____

Email Address: _____

Course Details

Institution Name: _____

Degree or Certification Pursued:

Course Name: _____

Course Code: _____

Start Date: _____ End Date: _____

Total Credit Hours: _____

Cost Per Credit: _____

- Professional Development
- Continuing Education
- Required Credential

Reimbursement Request

Total Tuition Amount: _____

Amount Eligible for Reimbursement: _____

Required Attachments

- Proof of Enrollment**
- Receipts for Tuition Payment**
- Course Completion Certificate**

Approval Section

- Approved**
- Denied (Reason:**

_____)

Supervisor's Name:

Signature: _____

Date: _____

HR Manager's Name:

Signature: _____

Date: _____