STAFFORD COUNTY PUBLIC SCHOOLS
SERVICE EMPLOYEE
TUITION REIMBURSEMENT REQUEST FORM

- *Complete upper portion of the block at least 2 weeks prior to the start date of class. Retain a copy of this form for your records and either mail the original to Linda Reed in Human Resources or email it to reedll@staffordschools.net.*
- *Use a separate form for each class*
- *For reimbursement, grades and proof of payment must be received within 4 weeks of course completion.*

TO BE COMPLETED BY EMPLOYEE

Name: _____ Social Security #: _____

Home Address: _____ City/Zip: _____

Work Location: _____ Current Position: _____

Degree Sought: _____

Date Class Begins: _____ Date Class Ends: _____

Course Title and Number (Use Additional form(s) for more than one class): _____

_____

College or University: _____ Number of Semester Hours: _____

Actual Cost of Class: _____

TO BE COMPLETED BY HUMAN RESOURCES ADMINISTRATOR

☐ APPROVED ☐ NOT APPROVED

Justification: _____

Amount to be Reimbursed: _____ Date: _____

Human Resources Administrator: _____

TO BE COMPLETED BY INSTRUCTION

Total Amount of Reimbursement:

PO#: Date Received:

Requisition #:

Vendor #:

Revised 8/2006