

**LASALLE/PUTNAM COUNTY EDUCATIONAL ALLIANCE FOR SPECIAL EDUCATION**  
**1009 Boyce Memorial Drive, Ottawa, Illinois 61350**  
**PHONE/TDD: 815-433-6433 / FAX: 815-433-6164 EMAIL: lease@lease-sped.org**

**REQUEST FORM TO ENROLL IN COLLEGE/UNIVERSITY COURSEWORK FOR SALARY**  
**ADJUSTMENT AND/OR TUITION REIMBURSEMENT**

I would like to request permission to enroll in the following course(s) for which L.E.A.S.E. will adjust my salary and/or reimburse me upon evidence of the successful completion of the necessary hours of coursework or the degree program in accordance with provisions of current L.E.A.S.E. Administrative Procedure 5:100 AP4:

Course Name: \_\_\_\_\_

Number of Credit Hours: \_\_\_\_\_ Hours earned since last degree \_\_\_\_\_

Course Semester Dates: \_\_\_\_\_

Course Location: \_\_\_\_\_

Degree or Additional Certification to be Earned by Successful Completion of the above Course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check if appropriate:

I will be requesting a salary adjustment per L.E.A.S.E. Administrative Procedure 5:100 AP4 pending my successful completion of the necessary hours and degree or certification mentioned on the appropriate salary schedule for certified staff.

I am requesting reimbursement for course tuition costs according to current L.E.A.S.E. Policy.

I understand that the electronic submission of this form by e-mail is the equivalent to my signature.

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature of Person Requesting Approval

Approved

Not Approved

\_\_\_\_\_  
Date Request Reviewed

\_\_\_\_\_  
Signature of Director or Designee