

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

TUITION REIMBURSEMENT REQUEST*

Name of Staff Member Making Request: _____

Date of Request: _____

I was enrolled, with prior L.E.A.S.E. approval, in the following pre-approved graduate level coursework or degree program:

at the following University:

from _____ to _____

I have now successfully completed the degree program or the graduate level coursework with a grade of A, B or C (Pass, if course was taken on Pass/Fail option) as evidenced by the attached official transcript.

I hereby request reimbursement for successful completion of the above pre-approved coursework in accordance with L.E.A.S.E. Policy 6.05 and/or the salary adjustment allowed for completing my pre-approved degree program.

I have attached a copy of the billing I received for tuition or I have attached a copy of the cancelled check that was used to pay only my tuition.

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

(Signed)

*Request for payment must be submitted within 45 days of the completion of the course(s). Request for salary adjustment must be made by June 30 for an additional degree earned, and adjustment will be made on your salary at the beginning of the immediately following school year.

Approved

Not Approved

Signature of Director or Designee

Date Received by Director or Designee