

See the attached Guidelines and Procedures

WTU Bargaining Unit Members only

INSTRUCTIONS: Submit original to Office of Human Resources 30 days prior to the course but no later than two weeks after the course starts. A copy will be returned to you by Human Resources to notify you of approval or disapproval. The approved copy is to be signed and resubmitted along with a Form 1000 when course work is completed and you request payment. Retain a copy for your records. Use a separate form for each course. Further information is available in the guidelines.

Name of employee: _____ Position Title: _____ Social Security No.: _____
_____-_____-_____
Last First Middle
School Site _____ Home/Cell telephone _____-_____-_____ Email address _____
Home address: _____
No. and Street City/State Zip code

Course Code/No: _____ Full title of course (use separate form for each course): _____ No. of credits: _____ Cost of Tuition only: _____

Start Date: _____ End Date: _____ Name of College or University: _____ Degree Type/Subject or Dual Certification Area: _____
_____/_____/_____

Certificate of Eligibility and Statement of Understanding:

1. I understand that tuition reimbursement is applicable only to those condition outlined in Article XLI of the WTU Collective Bargaining Agreement.
2. I have not and will not submit this coursework for reimbursement through any other reimbursement program or process.
3. I will notify Human Resources by memorandum if the approved course is cancelled, if I withdraw from the course, or if I choose not to request reimbursement.
4. I pledge to fulfill my duties as an employee of the DCPS System for three years from this date as a condition for receiving reimbursement funds or I will be liable for return of the reimbursement award.

_____/_____/_____
Signature of Employee Date
_____/_____/_____
Approval Signature of Supervisor Date
(indicates employee meets expectations on most recent performance evaluation)

Within 60 days after successful completion of approved course, send, along with a Form 1000 (Section A) to the Office of Human Resources

ATTN: Tuition Reimbursement, the following:

1. approved copy of this form with your signature
2. documentation of grade (original grade slip or report card)
3. invoice and proof of payment (original stamped university receipt, credit card receipt, or cancelled check)

If payment is approved, check will be mailed to your home address provided above.

Initial Approval: To be completed by Human Resources

Approved. Amount \$ _____

Not Approved. Does not meet the following requirement(s) _____

_____/_____/_____
Signature, Tuition Reimbursement Program Administrator Date

Reimbursement Payment: To be completed by Human Resources

Payment approved

Payment Disapproved

_____/_____/_____
Signature, Tuition Reimbursement Program Administrator Date
