



# COLUMBUS CITY SCHOOLS

Human Resources Administration

## CLAIM TO BE REIMBURSED FOR APPROVED CLASSES CLASSIFIED EMPLOYEES

Submit to: *Professional Leaves*  
*ProfessionalLeaves@columbus.k12.oh.us*  
 3700 S. High Street/Attn: HR Professional Leaves

<b>This section will be completed HR</b>	
Purchase Order #	
Employee Vendor#	

Name:  Worksite/Dept.

Job Title:  Employee I.D. #:

Work Phone:  Home Phone:

Name of College/University/etc.

- Courses(s)/Activity Taken:
1.
  2.
  3.
  4.
  5.

Total reimbursement approved:

Tuition Fee Expenses (Original receipt must be attached)

Less amount I received from grant, scholarship, etc.

Reimbursement amount owed to me

**THE FOLLOWING MUST BE ATTACHED AND SENT WITHIN 30 DAYS OF COMPLETION OF THE CLASS/ACTIVITY IN ORDER TO RECEIVE REIMBURSEMENT:**

- \* Official statement showing course(s)/activity taken and fee charged
- \* ORIGINAL detailed fee payment receipt showing how payment was made (loans, grants, scholarships, etc.)
- \* Transcript of grade slip (if course/university) or certificate or letter of sponsoring authority if other than college/university course.

\_\_\_\_\_  
 Employee's signature  
 (by signing, I agree that CCS may contact the college/university to clarify payment, grants, scholarships, etc.)

\_\_\_\_\_  
 Date

TR	FUND	FUNC	OBJ	SCC	SUBJ	OPU	IL	JOB	AMOUNT
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