



**COLUMBUS CITY SCHOOLS**  
**2017-2018**  
**CLASSIFIED TUITION REIMBURSEMENT REQUEST FORM**



Employee Vendor # <input style="width:90%;" type="text"/>	P.O. # <input style="width:90%;" type="text"/>
<b>This section will be completed by Human Resources Administration Office</b>	

**EMPLOYEE INFORMATION**

Name: <input style="width:90%;" type="text"/>	CCS ID# <input style="width:90%;" type="text"/>	Route # <input style="width:90%;" type="text"/>
Job Title: <input style="width:90%;" type="text"/>	Worksite: <input style="width:90%;" type="text"/>	
CCS Employment Start Date: <input style="width:90%;" type="text"/>	Currently on an <input style="width:90%;" type="text"/>	Yes <input style="width:90%;" type="text"/>
Contact Telephone Number: <input style="width:90%;" type="text"/>	Unpaid Leave of Absence? <input style="width:90%;" type="text"/>	No <input style="width:90%;" type="text"/>

**COURSE/ACTIVITY INFORMATION**

Course/Activity #1 <input style="width:90%;" type="text"/>	Credit/Sem. Hrs. <input style="width:90%;" type="text"/>
College/Univ., etc. <input style="width:90%;" type="text"/>	Instructional Fee <input style="width:90%;" type="text"/>
Activity Start Date <input style="width:90%;" type="text"/>	Activity End Date <input style="width:90%;" type="text"/>
Course/Activity #2 <input style="width:90%;" type="text"/>	Credit/Sem. Hrs. <input style="width:90%;" type="text"/>
College/Univ., etc. <input style="width:90%;" type="text"/>	Instructional Fee <input style="width:90%;" type="text"/>
Activity Start Date <input style="width:90%;" type="text"/>	Activity End Date <input style="width:90%;" type="text"/>
Course/Activity #3 <input style="width:90%;" type="text"/>	Credit/Sem. Hrs. <input style="width:90%;" type="text"/>
College/Univ., etc. <input style="width:90%;" type="text"/>	Instructional Fee <input style="width:90%;" type="text"/>
Activity Start Date <input style="width:90%;" type="text"/>	Activity End Date <input style="width:90%;" type="text"/>
Course/Activity #4 <input style="width:90%;" type="text"/>	Credit/Sem. Hrs. <input style="width:90%;" type="text"/>
College/Univ., etc. <input style="width:90%;" type="text"/>	Instructional Fee <input style="width:90%;" type="text"/>
Activity Start Date <input style="width:90%;" type="text"/>	Activity End Date <input style="width:90%;" type="text"/>

Total Instructional Fee Requested (form will total this for you) \$

Please place an "x" in the category that best describes your request

Type of Degree (if applicable) <input style="width:90%;" type="text"/>	Attend workshop <input style="width:90%;" type="text"/>
Is this course part of a degree Program <input style="width:90%;" type="text"/>	Training Program <input style="width:90%;" type="text"/>
Is this course a pre-requisite? <input style="width:90%;" type="text"/>	Course for Credit <input style="width:90%;" type="text"/>
Is this course job related? <input style="width:90%;" type="text"/>	

Please provide a brief statement of how this activity will improve your performance/promotional opportunities.

Employee's Signature _____	Date _____
(by signing, I confirm that I have read, understand and hereby agree to comply with the program guidelines.)	
Supervisor's Signature _____	Date _____

PLEASE SUBMIT COMPLETED FORMS TO  
**Adrienne Thomas, 1270 E. State Street, HR Administration, Room 108A**  
 Phone: 365-6791  
please send original via interoffice mail



# COLUMBUS PUBLIC SCHOOLS

Human Resources Administration



## CLAIM TO BE REIMBURSED FOR APPROVED CLASSES CSEA/COLUMBUS BOARD OF EDUCATION CLASSIFIED EMPLOYEES

Submit to: *The Office of HR Administration*  
*270 E. State Street*  
*Adrienne Thomas, Room 108A*

<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
	001	2943	231	0320	000000	000	00	000	