

**WOODLAND HILLS SCHOOL DISTRICT**

**REQUEST FOR TUITION REIMBURSEMENT FOR ADMINISTRATORS**

*Administrators will be reimbursed for tuition costs actually incurred and paid by them for Graduate level credits completed at an accredited college or university. Reimbursement shall not exceed 6 credits per semester or twelve credits in a twelve-month period.*

**Please submit this pink form to the Personnel Office and retain a copy for your records.  
Your paid invoice and a transcript or grade report must be attached.**

Name \_\_\_\_\_ School \_\_\_\_\_

Institution Attended \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

<u>Course No.</u>	<u>Title of Course</u>	<u>Number of Credits</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Total Number of Graduate Credits Received (please complete) .....

Actual Tuition Paid (Exclude fees, etc.) (please complete) .....

I certify that I presently hold a Bachelor's degree plus 24 credits. (Please indicate the highest degree you presently hold.) \_\_\_\_\_  
(Please complete)

In addition, I certify that the tuition for the above course was not paid directly or indirectly by a scholarship or through a state or federal assistance program. If repayment is required, I authorize the District to withhold from my final paycheck.

\_\_\_\_\_  
Your Signature Date

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Reimbursement in the amount of \$\_\_\_\_\_ is approved. ASN#

\_\_\_\_\_  
Superintendent Date

- If you terminate your employment within 1 year: 100% repayment to WHSD**
- If you terminate your employment within 2 years: 75% repayment to WHSD**
- If you terminate your employment within 3 years: 50% repayment to WHSD**
- If you terminate your employment within 4 years: 25% repayment to WHSD**

(See Pages 6 and 7 of your Act 93 Compensation and Benefits Plan)