

# Application for Tuition Reimbursement or Lane Change Form

Please complete the form in its entirety

**Contact Information:**

Name: \_\_\_\_\_

School: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position: \_\_\_\_\_

***REASON FOR APPROVAL:*** \_\_\_\_\_ *Tuition Reimbursement* \_\_\_\_\_ *Lane Change* \_\_\_\_\_

**College & Degree Information:**

College/University: \_\_\_\_\_ Department: \_\_\_\_\_

Current Lane and Step \_\_\_\_\_ Requesting movement to \_\_\_\_\_

**Course Information:**

Please list each course(s) you plan to take or took.

Course #	Course Title	Credit Hours	Semester or Quarter	Start Date	End Date	Tuition Cost

Please describe how the course(s) connects with Board goals and your current assignment, or leadership responsibilities or if it is for an additional endorsement/certificate that you are pursuing.

**\* Note official transcripts must be attached to this form.**

**Required Signatures:**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Building Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Meets criteria       Does not meet criteria

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Approved       Denied

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

Approved       Denied

