



**Lawrence Public Schools
Paraprofessional Tuition Reimbursement Pre-approval Form**

Name _____ Employee Number _____

Address _____

City/State/Zip _____ Home Phone No. _____

School _____ Position _____

Please fill out one form for each course enrolled.

Name of University _____ Course Start Date _____

Course Title _____

(Include copy of course description)

Course Code _____ Section No. _____ No. of Credits _____

Tuition Reimbursement for Paraprofessionals is for reimbursement for up to \$900 per fiscal year (July 1-June 30). **THIS FORM MUST BE RECEIVED IN THE HUMAN RESOURCES OFFICE PRIOR TO THE START OF THE COURSE.** An approval letter from the Human Resources office must be received in order to qualify for reimbursement. **A copy of the transcript/grade report and proof of payment** must be received by the Human Resources Office after the course is completed.

Signature _____ Date _____

Principal or Supervisor complete below:

___ Course is related to employee's assignment.

___ Course is not related to employee's assignment.

___ Course supports individual professional development plan

___ I recommend enrollment ___ I do not recommend enrollment

Signature _____ Date _____

___ Approved ___ Denied Reason _____

Signature _____ Date _____

Human Resources