

## **Tuition Reimbursement Pre-Approval Form / LPN**

NAME:	SCHOOL:		EMP ID:	
ADDRESS:				
CITY / STATE / ZIP:				
Name of University:		Course Start Date:		
Course Title:			(include copy of course description)	
Course Code:		# Credits		
THIS FORM MUST BE RECEIVED IN THE HUMAN RESOURCES OFFICE <u>BEFORE</u> THE START OF THE COURSE.				
Tuition Reimbursement for LPN's is currently \$1250.00 per fiscal year (July 1-June 30)				
An approval letter (email) from the Human Resources office <u>must</u> be received in order to qualify for reimbursement. A copy of the <b>transcript</b> and <b>proof of payment</b> must be received by the Human Resources Office after the course is completed. This benefit only applies to graduate courses.				
Principal or Supervisor must complete below:				
Course is related to employee's as	ssignment	YES	NO	
Course supports individual profes	sional development plan	YES	NO	
Do you recommend enrollment?		YES	NO	
Name of Principal or Supervisor (Print)				
Signature:			Date:	