

HELEN M. PLUM MEMORIAL PUBLIC LIBRARY DISTRICT

REQUEST FOR TUITION REIMBURSEMENT CONSIDERATION

Before class begins - This form must be approved by your supervisor and submitted to the Director by May 1st in order to be considered in the Library budget. Use one form per class.

NAME _____

DATE _____

I am requesting tuition reimbursement consideration according to the Board Policy on Tuition Reimbursement, adopted February 10, 2015.

Class name _____

Class begin (date) _____

Class end (date) _____

Tuition cost _____

Please check one of the following:

____ LTA Undergraduate (maximum of \$100 per hour)

____ Graduate (maximum of \$200 per hour)

____ Other

Total credit hours to be completed (June – July) _____ X _____ per hour = _____ Total Tuition

I agree to remain employed at the Helen M. Plum Memorial Library for twelve months after completing the coursework. If I must leave employment before that time, I authorize payroll deductions to repay the reimbursement and will also repay any remainder due within one year.

Date_____
Signature_____
Date
Approved by supervisor_____
Signature_____
Date
Approved by Director_____
Signature