

SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY
 4812 W Pfeiffer Rd., Bartonville, IL. 61607
 Ph: 309-697-0880 Fax: 309-697-0884
**APPLICATION FOR PRE-APPROVAL OF TUITION REIMBURSEMENT
 AND/OR ADVANCED STUDY COURSES**

INSTRUCTIONS: The Director must receive Request for pre-approval at least 14 days before enrollment. Submit separate application for each course. Course change requires a new application form. Reimbursement must be claimed within 30 days of last class. Reimbursement will not be made until an official transcript is on file.

Name:			Date of Request:			
College/University	Course Title	Course Number	On-Line Course?	Semester Hours	Begin Date	End Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Brief Description of Course (from University Bulletin):						
Is this course tuition-free or connected in any way with payment from another source? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Explain:						
If no, what is your actual tuition or expense?						
# Semester hours X Hourly tuition rate of \$ =Total Tuition Cost: \$						
NOTE: Tuition rate does not include other university costs such as activity, user or book fees.						
Present position:			Present step & lane:			
How will this course improve your skills for your present assignment?						
Employee's signature indicates that the employee has reviewed the procedures for requesting pre-approval for tuition reimbursement:						
_____			_____			
Employee Signature			Date			
NOTE: Reimbursement documents for coursework completed between: Sept 16 – Jan 15 must be turned in by Feb 1st and will be paid upon submission at the next board meeting. Jan 16 – May 15 must be turned in by June 1 and will be paid upon submission at the next board meeting. May 16 – Sept 15 must be turned in by Oct 1 and will be paid upon submission or at the August board meeting whichever comes later.						
*****FOR OFFICE USE ONLY*****						
Required by the Director: <input type="checkbox"/> Yes <input type="checkbox"/> No			Request #: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd Other:			
Approved for reimbursement: <input type="checkbox"/> Yes <input type="checkbox"/> No			Approved for reimbursement if funds are available: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Approved for Salary Schedule Credit: <input type="checkbox"/> Yes <input type="checkbox"/> No			Tuition Reimbursement: \$			
Reason for Denial: <input type="checkbox"/> 3 courses pre-approved for reimbursement (course names):						
<input type="checkbox"/> Not related to assignment						
_____			_____			
Director's Signature			Date			