

LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

1343 E. 7th St.-Lockport, IL. 60441

815-838-8080

Fax 815-838-8086

TUITION REIMBURSEMENT REQUEST

Employee: _____ Date Submitted: _____

Work Phone: _____ Home Phone: _____

Position: _____ Site: _____

The employee must be enrolled in classes for graduate credit. Attach copy of the course description from the school's course catalog. Requesting permission to enroll in the following courses:

Table with 5 columns: UNIVERSITY, COURSE #, COURSE TITLE, SEMESTER HOURS, SESSION DATES

Permission Granted Rationale _____
Permission Denied _____

Executive Director _____ Date _____

The following course(s) has been completed with transcript(s) attached:

Course Title: _____ Title: _____
Title: _____

Reimburse Amount Reimbursed \$ _____ Do not reimburse

Executive Director _____ Date _____

Return completed form to Executive Director

For Personnel Department Use Only

Date Received: _____ Contacts to Employee _____

Date sent to Employee _____

Original: Business Office cc: Employee Coordinator Personnel File