

BOARD/SOTA PROFESSIONAL DEVELOPMENT FUND TUITION REIMBURSEMENT FORM for TEACHING STAFF



Teacher Name:	School:					
Course Name and Numb	er:					
3 Credit Hours	6 Credit Hours				<u> </u>	
Post-Secondary Institution	on:					
Start Date of Couse:		End Date of Course:				
course you are requesting I Name & Faculty, Course Dat	<mark>eimbursement.</mark> The followir es, number of credit hours. Il	ng details shou f multiple coui	ıld be included: Your l rses are on the receip	Name, the Course t please indicate	ompletion document for each e Name & Number, Institution (i.e. by circling or highlighting) e course must also be attached.	
TUITION FEE =	(excluding all other fees)	x 1/3 =		1/3 of Tuition <u>kimum</u> of \$500.00.)	*TOTAL REIMBURSEMENT	
<u>Please note:</u> Your amou	nt requested may be adjus	sted accordin	gly as per the Board	d/SOTA PD Fund	d Guidelines.	
Signature of S	OTA Member		D	ate	<u> </u>	
		-	ns attached to Alisc ce by September 3			
FOR OFFICE USE ONLY: C	harge to: 9.630.560.003.0	00.652				
Proof of Successful	Completion Attached.					
☐ Tuition Receipt Atta	ched.					
Reviewed by Superintend	lent		Reviewed	by Secretary-Ti	reasurer	
Reviewed by Professiona	l Issues Chairperson					