



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



Teacher Name: _____ School: _____

Course Name and Number: _____

3 Credit Hours 6 Credit Hours

Post-Secondary Institution: _____

Start Date of Course: _____ End Date of Course: _____

Cost of TUITION - Please complete one reimbursement form and attach one tuition receipt and course completion document for each course you are requesting reimbursement. The following details should be included: Your Name, the Course Name & Number, Institution Name & Faculty, Course Dates, number of credit hours. If multiple courses are on the receipt please indicate (i.e. by circling or highlighting) which course you are submitting for reimbursement. Documentation to support successful completion of the course must also be attached.

TUITION FEE = \$ _____ x 1/3 = \$ _____ *TOTAL REIMBURSEMENT
(excluding all other fees) (PD Fund covers 1/3 of Tuition Amount to a maximum of \$500.00.)

Please note: Your amount requested may be adjusted accordingly as per the Board/SOTA PD Fund Guidelines.

Signature of SOTA Member

Date

**Submit with necessary forms attached to Alison Hall
at the School Board Office.**

FOR OFFICE USE ONLY: Charge to: 9.630.560.003.000.652

- Proof of Successful Completion Attached.
- Tuition Receipt Attached.

Reviewed by Superintendent

Reviewed by Secretary-Treasurer

Reviewed by Professional Issues Chairperson