



**REQUEST FOR TUITION REIMBURSEMENT**

*In accordance with the negotiated agreement between the Monmouth-Ocean Educational Services Commission (MOESC) and the Monmouth-Ocean Educational Services Administration (MOESA)*

Staff Member: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Course Number: \_\_\_\_\_

Number of Graduate Credits: \_\_\_\_\_

College/University: \_\_\_\_\_

Date of Request Submission: \_\_\_\_\_

\_\_\_\_\_ Course for which reimbursement is sought must be approved by the Administration prior to enrollment.

Date of Approval: \_\_\_\_\_

**SUPERINTENDENT'S SIGNATURE:** \_\_\_\_\_

\_\_\_\_\_ To be approved, courses for which reimbursement is sought must be directly related to the applicant's current job responsibility.

\_\_\_\_\_ The course must be successfully completed (and credits earned) between July 1 and June 30 of a given school year.

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

\_\_\_\_\_ Applications for reimbursement must include verification of successful completion and applicants for reimbursement must be employees of the district at the time of reimbursement.

Date of Verification of Successful Completion: \_\_\_\_\_

**SUPERINTENDENT'S SIGNATURE:** \_\_\_\_\_

\_\_\_\_\_ Individuals who are no longer employees of the district as a result of a reduction in force and who would otherwise be entitled to reimbursement shall be reimbursed.

DATE APPROVED FOR PAYMENT: \_\_\_\_\_

**SUPERINTENDENT'S SIGNATURE:** \_\_\_\_\_

DATE PAID: \_\_\_\_\_