

QUEEN ANNE'S COUNTY PUBLIC SCHOOLS

TUITION REIMBURSEMENT REQUEST FORM



Employee Information

Employee Name: _____

Employee Number: _____ Employee Work Location: _____

Course Information

Name of College/University: _____

Course Title: _____

Course Number: _____ Number of Credits: _____ Level: Graduate Undergraduate

Course Start Date: _____ Course End Date: _____

Cost per Credit: _____ Total Course Cost: _____

I am taking this course as part of an approved Master's program.

*Please note: The negotiated agreement states only tuition costs are reimbursable. All other expenses such as application fees, registrations fees, lab fees, out-of-county fees, technology fees, books, parking permits, etc... are not reimbursable.

Authorization

By signing this request, I agree that:

- I have read and understand the Course Reimbursement language in the current Negotiated Agreement under which I am covered, and will not receive reimbursement without prior written approval from Human Resources.
- I must notify Human Resources immediately if the course is dropped or canceled.
- I must complete the course and receive a passing grade of "B" or better.
- I must submit an official transcript to Human Resources within 30 days of course completion.
- I must remain an employee of Queen Anne's County Public Schools for the next full school year.

If the above obligations are not met, I authorize QACPS to deduct any overpayments from my paycheck.

Employee Signature: _____ Date: _____

I am requesting a tuition advance due to financial hardship. (Please attach description of your hardship.)

HR Use Only

Date Request Received: _____ Amount Reimbursed: _____

Approved Not approved - Reason: _____

Transcripts due by: _____ If not received, date of paycheck deduction will be: _____

Date: _____ Director of Human Resources: _____

FINANCE OFFICE INFORMATION:

Advance 1120000 10 000000 5830

Reimbursement 1120000 20 000000 5830