

TUMWATER SCHOOL DISTRICT NO. 33
621 LINWOOD AVENUE, SW
TUMWATER, WA 98512



CLASSIFIED REIMBURSEMENT APPLICATION

Union Group: _____ Site/Location: _____

All reimbursement applications must be submitted to the Human Resources Office with the following copies attached:

- 1. Request/Approval Form for each course or workshop**
- 2. Tuition Receipt**
- 3. Grade for each course or workshop**

If you have any questions, please call Megan at 709-7024.

Name/Title of Workshop/Class: _____

Sponsoring Organization or College: _____

Date Request Approved: _____

Date Course or Workshop Completed: _____

Number of Credits or Clock Hours: _____

Cost of Credits or Clock Hours: _____
(Reimbursement is limited to tuition costs only!)

Employee's Signature: _____

Date: _____

Authorized District Official Signature: _____

Date: _____

↓ **This section to be completed by district office only.**

Total Amount to be Reimbursed: _____

Date Payment to be Paid: _____