SHORELINE SCHOOL DISTRICT
SESPA Tuition Reimbursement Application and Reimbursement Claim Form

Per Section 37.7 of the SESPA Collective Bargaining Agreement:

Tuition Guidelines. The classified tuition reimbursement program will continue to be funded at a minimal level of $2,000 each year. The purpose of this program is to provide no more than $50.00 towards the cost of tuition or conference fees for job related courses for SESPA employees only. This reimbursement can be applied towards tuition, registration fees, material fees and book fees. Those employees desiring more than $50.00 reimbursement will not have their application processed until the tuition reimbursement funds are dispersed to all eligible applications. Remaining funds will be dispersed at the end of the fiscal year. Remaining funds will be dispersed in rounds in order to benefit the maximum number of SESPA employees.

Step 1: Please fill out top section and obtain approval from your administrator prior to the course.

Name_____ School/Dept_____

For Attendance at: Name of conference/course_____

Location_____ Course Length_____

Date_____   Cost_____

Benefit to/relation to job:_____

Pre-Authorization Approval:_____
                                         Your administrator's signature and date

Step 2: Upon completion of course, attach original paid receipt. If original paid receipt is not available, you may submit a copy of your cancelled check (front and back). Submit to Professional Development, Instruction Department, Shoreline Center.

Oath of Claimant
I, the undersigned, do hereby certify under penalty of perjury, that I attended the above-named conference/course and that the attached receipt is true and correct; that the claim is just and due; that no part of the same has been paid by the Shoreline School district; and that I am authorized to authenticate and certify said claim.

Applicant's signature and date:_____

*   *   *   *   *   *   *   *   *   *   *   *
                        DO NOT COMPLETE-Official Use Only

Budget administrator's signature and date: _____

Amount to be paid_____ Date_____ Processed by_____