

**Tuition Reimbursement Form for STAFF NURSES**

**Instructions:** Please print legibly or type. Completed applications must be forwarded with appropriate documentation (i.e., copy of conference, workshop brochure or course description, proof of payment, proof of attendance or student transcript).

**IDENTIFYING INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ EID # \_\_\_\_\_  
(Employee Identification Number)

School: \_\_\_\_\_ School Address: \_\_\_\_\_  
\_\_\_\_\_

School Telephone No.: \_\_\_\_\_

**COLLEGE/UNIVERSITY AND/OR CONFERENCE, WORKSHOP, COURSE INFORMATION:**

Degree Presently Held: \_\_\_\_\_ Degree or Certificate Being Sought: \_\_\_\_\_

College/University or Institute of Attendance: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Semester of Attendance: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer

List Job-Related Course(s) or Workshop(s):

1. \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Year Mo. Day Year

Cost for conference, workshop or course: \$ \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Year Mo. Day Year

Cost for conference, workshop or course: \$ \_\_\_\_\_

3. \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Year Mo. Day Year

Cost for conference, workshop or course: \$ \_\_\_\_\_

Total Tuition Cost Submitted: \$ \_\_\_\_\_

**NOTE: Late Fees and Program Fees are not paid for by Tuition Reimbursement and are the responsibility of the applicant.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE OF SCHOOL HEALTH**

I have reviewed the enclosed documentation and have determined that the above listed course(s) are job-related and are provided by an appropriate organization/institution. This request for Tuition Reimbursement is deemed appropriate and hereby approved for reimbursement.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**Central Business Office**

I hereby authorize payment for the above course(s) based upon the documentation submitted by the applicant and the above attestation by the Office of Related and Contractual Services

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date