

**SALIDA SCHOOL DISTRICT R-32-J**  
**TUITION CREDIT REIMBURSEMENT FORM FY 2019-20**

(See Negotiated Policy GBABA-R2-N)

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Per School Board decision, May 2014, classes eligible for reimbursement include those in which the teacher was enrolled in and completed between July 1, 2019 and June 30, 2020.

In accordance with Negotiated Policy GBABA-R2-N, I hereby request reimbursement for the following tuition credit:

<b>COURSE NAME</b>	<b>HOURS COMPLETED</b> <small>(identify <u>semester</u> or <u>quarter</u>)</small>	<b>NAME OF INSTITUTION</b>

**TOTAL CREDIT HOURS:**

**ATTACH COPIES OF TRANSCRIPT(S) AND  
PROOF OF PAYMENT FOR EACH COURSE**

Approval Signature

\_\_\_\_\_  
**Amy Ward**

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