



OFFICE OF HUMAN RESOURCES
SCHOOL DISTRICT OF THE CITY OF YORK, PENNSYLVANIA

Course Reimbursement Request Form

Employee Name _____

Employee Signature _____

Home Address _____

Building/School _____ Date _____

Name of College/ University	Course Number	Course Title	Number of Credits Earned	Date Course Completed	Tuition Amount Paid	**DO NOT WRITE IN THIS COLUMN** District Allowance
Total						
Vendor #						
Signature—Human Resources						
Date						

IMPORTANT: This form must be accompanied by proof of a passing grade and proof of payment from the college or university. **Photocopies of checks or credit card statements are not acceptable forms of proof of payment.** A tuition bill showing the breakdown of tuition costs, fees, etc. is acceptable. Reimbursement will not be made unless a course pre-approval has been completed and is on file with the Human Resources Specialist. You may be asked to provide your copy of pre-approval upon request. Reimbursement is made for tuition only (not fees, supplies, textbooks, etc.). All required items must be submitted before reimbursement requests can be processed.

Please submit all items to the Human Resources Specialist at the Administration Building.

For Admin. Use Only: Account # _____ 10-2271-240-000-00-000-000-1016 (Teachers)

Account # _____ 10-2836-240-000-00-000-000-1016 (Non-Instructional)