

**WAYLAND UNION SCHOOLS**  
**Tuition Reimbursement Request Form**

---

Date\_\_\_\_\_

Tuition Amount \_\_\_\_\_

Requested by \_\_\_\_\_ Position\_\_\_\_\_

Institute \_\_\_\_\_

Course name\_\_\_\_\_ Number of Credits\_\_\_\_\_

Course Description\_\_\_\_\_

---

Amount approved will be in accordance with the applicable employee handbook, contract, and available funds.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: You must attach proof of payment and your grade report or official transcript.**

**Account number:**

(\_\_\_\_) 11-1-221-2311-000-0000-00000-0000 Non-WUEA Tuition Reimbursement

-----

**The above information has been reviewed. Request for reimbursement is:**

\_\_\_\_\_ Approved for \$ \_\_\_\_\_

\_\_\_\_\_ Denied

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

**Date of prior Approval:** \_\_\_\_\_ email or other correspondence attached