

Educational Assistance Reimbursement Request Form

Section 1: Employee Information

Name					
Job Title					
Building Location					
Employee Type	□ Administrator □ Aide □ Clerical or Professional/Technical □ Custodial/Maintenance □ School Nutrition				
Section 2: Coursework	and School Inforn	nation			
Name of University / Program / etc.					
Level of Course(s) requested		☐ Technical College credit ☐ Undergraduate ☐ Graduate ☐ Alternative Program/Certification			
Type of Degree Sought		Associate Bachelors Masters Certification Other:			
What area / subject / degree are you working towards in your program?					
The coursework I am requesting is related to:		☐ My Current job☐ Future career advancement within the WBSD☐ Both			
Please describe briefly how this course(s) is related to your current job or future career advancement within the District					

Section 3: Coursework Details

Term and Year (Fall/Winter/Spring/ Summer)	Course Title	Course Number	Start Date of Course	Last Date of Course	# of Credits	Amount Requested

Section 4: Employee Agreement and Signature

Director of Human Resources

- I have read the Educational Assistance Program Details document located on the HR Intranet Page.
- I understand that I must be actively working and in a job classification that is eligible for the Educational Assistance benefit when I am submitting my documentation for reimbursement to HR.
- I understand that successful completion requires the achievement of "B" or better in the course where a
 grade is provided, or official documentation from the institution of "Passed" or "Satisfactory" for
 coursework where a final grade is unavailable. An "Incomplete" is not reimbursable until a final grade is
 issued.
- I understand that if I am reimbursed for more than the allowed IRS limit as indicated in section 127, I will be taxed for it on my payroll check and will have to report this as income on my tax return.
- I understand that if my employment is terminated, whether involuntarily or voluntarily, I am required to
 pay 100% of the tuition reimbursement received over the previous two years back to the District if my
 separation date is within two years of receiving my most recent tuition reimbursement payment from
 the District. I hereby authorize the West Bend School District to deduct this amount from my last
 paycheck.
- The District reserves the right to void any future reimbursement payments if I am disciplined, have exceeded my allotted leave days for the current fiscal year, or if the most recent evaluation received by my supervisor rates my performance in any area as below "Effective" in any standard on the review.

Employee Signature	Date
Section 5: FOR HUMAN RESOURCES ONLY I certify the above course is directly related to the empl development at the West Bend School District. There h employee during the preceding 24-month period that w	ave been no disciplinary actions in relation to this

Date