

COLUMBUS CITY SCHOOLS TALENT/HUMAN RESOURCES DEPARTMENT

CLAIM TO BE REIMBURSED FOR APPROVED COURSES CLASSIFIED EMPLOYEES

Submit to:	Professional Learning and Licens		ation will be completed by UD	
Submit to:	TuitionReimbursement@columbus.k12.o 17th Avenue Service Center (889 East 17		This section will be completed by HR.Purchase Order #	
	Avenue) Attn: Tuition Reimbursement		ee Vendor #	
Name:		Work Location:		
Job Title:		Employee I.D. #:		
Work Phone	e:	Home Phone:		
Name of College/University:				
Courses(s) Taken: 1.				
		2.		
		3.		
		4.		
		5.		
Total Tuition Reimbursement Amount Approved by Committee				
Tuition Fee Expenses (Original receipt must be attached.)				
Less Amount Received from Grant, Scholarship, etc.				
Reimbursement Amount Owed				
	OWING MUST BE ATTACHED AN ON OF THE COURSE(S) IN ORDE * Official statement showing * ORIGINAL detailed fee pa (loans, grants, scholarships * Transcript or Grade Slip	R TO RECEIVE REIM course(s) taken and fee(yment receipt showing h	BURSEMENT: (s) charged	

Employee's Signature

Date

By signing, I agree that CCS may contact the college/university to clarify payment, grants, scholarships, etc.