

LAKE SHORE PUBLIC SCHOOL TUITION REIMBURSEMENT

Name: _____

Building/Assignment: _____

Course #	Course Title	Date Completed	University	Sem/Credit Hours

PLEASE ATTACH TRANSCRIPT OF CREDITS

_____ TOTAL HOURS EARNED BETWEEN 9/1/09 – 8/31/10

Are you working toward an advanced degree? Yes _____ No _____

Are you working toward an additional certification? Yes _____ No _____

If "Yes", what degree/certification?

Signature

Date

Print Name

Employee ID

tuitionreimbursement