

Fairfield Local Schools

11611 St. Rt. 771
Leesburg, OH 45135
Phone (937) 780-2221 Fax (937) 780-6900

TUITION REIMBURSEMENT PROGRAM REQUEST TO PARTICIPATE

*for courses July 1 – June 30

NAME: _____ DATE: _____

CURRENT TEACHING ASSIGNMENT: _____

COURSE(S) PLANNING TO TAKE:

COURSE NAME	COURSE #	UNIVERSITY	CREDIT HOURS	QTR. OR SEM.?

I HAVE READ AND UNDERSTAND THE "TUITION REIMBURSEMENT" PROVISIONS (Item 5.03) ON PAGE 33 OF THE MASTER CONTRACT BETWEEN THE FAIRFIELD EDUCATION ASSOCIATION AND THE FAIRFIELD BOARD OF EDUCATION AND WILL ABIDE BY ITS PROVISIONS.

SIGNATURE: _____ DATE: _____

DATE REC'D: _____ PARTICIPATION: APPROVED DENIED

COMMENTS: _____

SUPERINTENDENT'S SIGNATURE: _____ DATE: _____