

# 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 27 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: \_\_\_\_\_