

**SCOTT COUNTY SCHOOLS  
TUITION REIMBURSEMENT REQUEST FORM  
(Pre-Approval Form for Tuition Must Be Attached to This Form)**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ JOB ASSIGNMENT: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

DATE	COURSE TAKEN	AMOUNT PAID
<b>TOTAL AMOUNT PAID</b>		

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Personnel Secretary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date