



SPENCERPORT CENTRAL SCHOOLS

SPENCERPORT ADMINISTRATORS' AND SUPERVISORS' ASSOCIATION
PRIOR APPROVAL FOR GRADUATE WORK AND TUITION REIMBURSEMENT

UNIT MEMBER'S NAME _____

BUILDING _____ POSITION _____

I request to take the following graduate course(s):

Table with 5 columns: Course # and Title, Institution, Hours, Start Date, End Date. Three rows of blank lines for entry.

Please describe how this course will expand your knowledge as it applies to your responsibilities and duties and how it is pertinent to your current assignment:

Three horizontal lines for describing the course's impact.

Information for Tuition Reimbursement Applicants

- 1. A grade report or transcript and a receipt from the institution of learning detailing the amount paid with the name and date of the course must be submitted by the unit member to the Office of Human Resources upon successful course completion before reimbursement will be issued.
2. In the event the unit member does not remain in Spencerport for three (3) full years after reimbursement of tuition, the reimbursement received will be refunded to the school district on a prorated basis per Article 9.

I have read and I understand the instructions on this form. I am aware that this form must be submitted and approved prior to taking the course(s) noted above. (Unit Member should make every effort to submit prior approval at least two (2) weeks prior to the start date of the course. Exceptions for extenuating circumstances may be considered).

1. _____
Unit Member Signature

Date Submitted

2. _____
Superintendent Signature

Date Approved

- DISTRIBUTION
Unit Member
Supervisor
Human Resources

OFFICE USE ONLY
Reimbursement amount: _____
Date: _____
Processed by: _____
Notes: _____