## WALLINGFORD  SWARTHMORE

# SCHOOL DISTRICT

**REQUEST FOR CONTINUING EDUCATION**

**AND TRAINING ASSISTANCE**

**WSESPA Instructions:**

1. File all copies with Human Resources Department **before** classes begin. Reimbursement is available only on pre-approved courses.
2. Reimbursement is made only upon receipt of a transcript or grade report and a receipt listing the tuition amount and the amount of fees.

Name

Home Address

Building/Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University

Course Title Course # Dates Credits Tuition

 $

Date Submitted Signature of Employee

Pre-approval for school year reimbursement of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Human Resources Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transcript and receipt received by Human Resources Department on

Payment of $ Authorized by Date

$ 700.00 Fiscal Year Individual Limit Budget Code 10-2830-240-000-00-000-000-006

 Amount of this request

$ Paid FYTD

$ Total

$ Remainder of Fiscal Year Limit as of

 Original - Human Resources Department Copy - Employee

Forms/ Tuition Reimb SS 10-22-21