## Auburn School District No. 408 Prof-Tech Tuition Reimbursement – Frontload Request

This form is to be used for credit classes, clock hours, continuing education units, or other credits applicable toward a degree, PSP certificate(s), apprenticeship, or job related training.

Date	
Name	Work Location
Class Provider	
Date Class Begins	Date Class Ends
Description of Class	
Cost	
☐ I understand that it is my responsibility submit this information may result in the	y to submit verification of class completion. Failure to fee being deducted from my pay.
☐ I understand that if I do not satisfactor reimburse the District or the fee will be d	rily complete this class, it is my responsibility to leducted from my pay.
	Signature
HR Use Only	
Date Reimbursement Issued Policy Class Verification Received – Date	O Generated – PO# Date