

**TUITION REIMBURSEMENT**

*ASSOCIATION OF CINCINNATI PUBLIC SCHOOLS OFFICE PERSONNEL*

*Request for reimbursement of tuition from the Cincinnati Board of Education*

**NAME:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**WORK LOCATION** \_\_\_\_\_

**JOB TITLE** \_\_\_\_\_

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**SCHOOL OR UNIVERSITY YOU WISH TO ATTEND**

\_\_\_\_\_  
**ADDRESS** \_\_\_\_\_

**COURSE NUMBER AND TITLE** \_\_\_\_\_

**BEGINNING AND ENDING DATES OF COURSE** \_\_\_\_\_

**TOTAL COST OF COURSE** \_\_\_\_\_

**How will this course relate to your present job assignment or how will this course help you to qualify for a promotion within the Cincinnati Public Schools?**

\_\_\_\_\_  
**Approved** \_\_\_\_\_ **Amount approved** \_\_\_\_\_  
**Signature(s)**

**Not Approved** \_\_\_\_\_ **Reason** \_\_\_\_\_

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

Send completed form to

Betty Hodson  
CFT Office

