

Form
BOARD OF EDUCATION

CLASSIFIED STAFF
Form 4421.02

LICKING COUNTY EDUCATIONAL SERVICE CENTER
CLASSIFIED TUITION REIMBURSEMENT
APPLICATION FOR COLLEGE CREDIT

(Submit in duplicate)

NAME _____ DATE _____

BUILDING/PROGRAM _____

COLLEGE/UNIVERSITY _____ DEPT. _____

COURSE NAME _____ NUMBER _____

BEGINNING DATE _____ ENDING DATE _____

NUMBER OF HOURS _____
_____ Quarter
_____ Semester

Attach a copy of the course description or briefly describe the course below:

Employee's Signature _____

Supervisor/Director's Signature _____

_____ APPROVED

Superintendent's Signature _____

_____ NOT APPROVED

Date _____

Number of hours approved _____ Rate per hour _____ Total _____

(NOTE: If this course is canceled or not completed, please notify the Treasurer's Office).

**UPON SUCCESSFUL COMPLETION OF THE COURSE, SUBMIT A COPY OF YOUR GRADE
SLIP/TRANSCRIPT AND A PAID RECEIPT/STATEMENT FROM THE COLLEGE
TO THE TREASURER'S OFFICE FOR PAYMENT**