



TAZEWELL-MASON COUNTIES SPECIAL EDUCATION ASSOCIATION

Administrative Office
300 Cedar St., Pekin, IL 61554

Tuition Reimbursement Request

Title _____ Course # _____ Semester Hours _____
 Title _____ Course # _____ Semester Hours _____
 Title _____ Course # _____ Semester Hours _____

At _____ (State the educational institution)

This course will be taken during the school year of _____, First Semester Second Semester

These courses will be taken during the summer session of the year _____.

Employee Signature

Approved:

Director

Date

Amount of Tuition Reimbursement to be received by Employee:

_____ Hours @ \$ _____ = \$ _____

Director

Date

**See Article VIII Employment Conditions – 8.7
Tuition Reimbursement for employee
allowances with this request**

Coordinator/Director Complete:

Fund Function Object Subject Fund Source