



# 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