



Snoqualmie Valley School District 410

8001 Silva Avenue SE, PO Box 400, Snoqualmie, WA 98065

Phone (425) 831-8000

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SNOQUALMIE VALLEY EDUCATION ASSOCIATION TUITION REIMBURSEMENT PROGRAM

NAME _____ LOCATION _____

YEARS OF TEACHING EXPERIENCE _____ START DATE _____

I am applying for reimbursement of costs associated with:

PROFESSIONAL CERTIFICATION:

- Maximum Reimbursement up to \$1,000 \$ _____
- Eligible for expenses incurred while working toward certificate

NATIONAL BOARD CERTIFICATION:

- Maximum Lifetime Reimbursement up to \$1,000 \$ _____
- Eligible for expenses incurred while working toward certificate

MASTER'S DEGREE/ADMINISTRATIVE CERTIFICATION:

- Maximum Reimbursement up to \$1,000 \$ _____
- Eligible for expenses incurred upon program completion

It is your responsibility to attach proof of costs and evidence of course completion to this form. Please do not request the District Office to make copies of your official transcripts from your personnel file. Evidence of course completion can be a copy of your transcript, a grade report or a letter of proof of course completion from the granting agency. Completed applications must be received in the Business Office no later than February 1 of the current fiscal year. Payment will be made through the normal accounts payable process after February 1 of each fiscal year, per Section 24.7 of the SVEA/SVSD collective bargaining agreement (a copy of which is located on the District web site).

I certify, under penalty of perjury, that this is a correct claim for a necessary and legitimate district expenditure and that no other payment for these costs as been received by me on account thereof.

Signature of Employee

Date

District Approval Signature

Date

Account Code: 530-0100-31-7170-000-0200-0066