



Columbia School District #400

755 MAPLE STREET
BURBANK, WA 99323
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DR. LOUIS GATES, SUPERINTENDENT

Employee Name

TUITION / PROFESSIONAL DEVELOPMENT REIMBURSEMENT

I, the undersigned, do hereby certify under penalty of perjury that the amount stated below was paid for tuition, registration for state professional day workshop, attendance at other workshops, clinics, or clock hour fees.

First Request:

“Each employee shall be entitled to \$300.00 of tuition reimbursement, preapproved staff development, or purchase of education resources, such as periodicals, webpages, memberships to online educational tools, trainings and seminars. Employee shall submit this form to the building principal by the last business day on or before June 15th.”

_____ Employee Signature	_____ Date	_____ Amount Requested (not to exceed \$300)
_____ Principal Signature	_____ Date	
_____ Superintendent Signature	_____ Date	_____ Amount Approved (not to exceed \$300)

Second Request:

“If funds remain, employees may apply for additional reimbursements in the pool, equitably distributed among qualified applicants, not to exceed \$500.00. Employee shall submit the second request to the building principal by the last business day on or before August 15th.”

_____ Employee Signature	_____ Date	_____ Amount Requested (not to exceed \$500)
_____ Principal Signature	_____ Date	
_____ Superintendent Signature	_____ Date	_____ Amount Approved (not to exceed \$500)