NEW HOPE-SOLEBURY SCHOOL DISTRICT

Engaging, Enriching, and Empowering All Students Through a World-Class Education

Tuition Reimbursement/Salary Advancement Form

Employee Name: _____ Date: _____

Building: _____

Current Salary: _____

Step: _____ Column: _____

Are you eligible for column movement? Yes ☐ No ☐

If yes, New Column: _____

College/University: _____

Course Title: _____

Credits: _____ Grade: _____

Tuition Cost: _____

NHSEA/NHSESP: 50% /Reimbursable Amt: _____

All of the following items must be submitted with this form for payment:

☐ MLP Preapproval Form

☐ Official Transcript

☐ Receipt of Payment

Employee Signature: _____ Date: _____

Employee Printed Name: _____

Superintendent Approval: _____ Date: _____

Date Completed Form Received by Human Resources: _____

Column Movement Submitted to Payroll: _____