

Everett Public Schools

ADMINISTRATOR TUITION REIMBURSEMENT VOUCHER

Submit completed form and documentation to Chad Golden no later than August 31, 2026.

Employee Name: \_\_\_\_\_ Staff ID: \_\_\_\_\_

Position: \_\_\_\_\_

<u>Institution</u>	<u>Class/Conference/Workshop</u>	<u>Credits</u>	<u>Tuition/Fee</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Proof of Payment and Transcript) \$ \_\_\_\_\_

Note: Approved tuition reimbursement for an advanced degree requires the EASA member to remain employed with Everett Public Schools for at least one year following the conferral of the degree. The EASA member will be required to repay the total amount of the tuition reimbursed should they choose to leave the district before the one-year requirement. The district reserves the right to release the EASA member prior to the one-year period.

I hereby certify that I have completed the above-listed course(s) and that I have paid the indicated amount. I request reimbursement for the above amount.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

Request for Reimbursement Approved By:

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

Office use only:

Approved for Payment: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Charge to account: \_\_\_\_\_

\$ \_\_\_\_\_  
Amount

[ ORIGINAL: Chad Golden ]