## FAIRFIELD TOWNSHIP SCHOOL DISTRICT 375 Gouldtown-Woodruff Road Bridgeton, NJ 08302

Secretaries & Aides Tuition Reimbursement Request			
Name:	D	ate:	
I enrolled in	the following course(s) at		
during the _		session of(Year)	
(	Fall, Spring, Summer, etc.)	(Year)	
	Course	Name(s)	
Credits			
Superintend	dent, I shall expect to be elig	script and proof of the cost of tuit ible to receive reimbursement for ed fifty (\$850) dollars for the 202	the cost of
Signature: _	Secretary / Instructional A		
	Secretary / Instructional A	lde	
Approved:			
	Asst. Principal	Date	
Course Boa	rd Approval: Date		
Approved _			
- *	Superintendent	Date	

\*Secretaries and Instructional Aides required or approved to take courses of occupational benefit to the employee shall have such courses approved in advance and shall require successful completion for reimbursement. Reimbursement shall be limited to \$850.00 maximum per employee annually which is defined as September 1st to August 31.