

E C H O

EXCEPTIONAL CHILDREN HAVE OPPORTUNITIES

ECHO JOINT AGREEMENT TUITION REIMBURSEMENT REQUEST

NAME _____ Date Submitted _____

ECHO Program _____ Site _____ Position _____

Course # _____ Course title _____

Credit (in semester hours) _____ College or university _____

Cost per credit hour \$ _____

Approved:

Human Resource Manager

Date

**THIS REQUEST WILL NOT BE FORMALLY PROCESSED UNTIL IT IS ACCOMPANIED
BY RECEIPT OF TOTAL DOLLAR AMOUNT OF COURSE AND ONE OFFICIAL
TRANSCRIPT WITH GRADE FOR COURSE RECORDED.**

cc: staff member
personnel file
ECHO Administrator