

ATTACHMENT 13 – TUITION REIMBURSEMENT

NOTE: This reimbursement is based on yearly board approval and has been approved for the 2020-21 school year.

QUALIFICATIONS:

1. Licensed employees are eligible to apply for tuition reimbursement.
2. In order to be eligible for tuition reimbursement, a licensed employee must have been effective or highly effective at the time of their final evaluation rating. Any teacher who is on an improvement plan or a salary freeze due to being deemed as ineffective is not eligible.

APPLICATION GUIDELINES

1. Application for reimbursement must be made to Human Resources on or before June 1st. Applications will be reviewed and determined if qualifications for reimbursement have been met. Reimbursement payments will be made in June of the current fiscal year. In addition, applications for reimbursement must include the following:
 - a. Completed application for each course.
 - b. Proof of payment (receipt)
 - c. Proof of completion (report card or transcript)
2. Eligible coursework is only for the current school year/hiring year (Spring Semester).
3. Tuition reimbursement can be applied for only the following:
 - The tuition and fees for:
 - graduate level courses only
 - professional development college classes
 - No more than \$1,000 will be reimbursed to any one employee for any one budget year (July 1 – June 30).
 - Should the request for reimbursement be greater than the dollars designated; the dollar amount available for reimbursement will be pro-rated.
4. All incomplete applications will be denied.
5. Tuition reimbursement can be applied for only the following:
 - The tuition and fees for:
 - Graduate level courses only
 - Professional development college classes
 - No more than \$1,000 will be reimburse to any one employee for any one budget (fiscal) year (June 1 – May 31).

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APPLICATION & ALL ATTACHMENTS
All Paperwork DUE to HR no later than JUNE 1 of eligible years.

Name: _____ Current Location: _____

Employee EID: _____ Phone Number: _____ Current Position/Grade: _____

Course offered by:
College or University (list school name): _____

Professional Development (list name of vendor/provider): _____

Course Title: _____

Prefix (Course #): _____

Course Description (please provide brief overview):

Total tuition amount requested: _____

Course Start Date: _____ Course End Date: _____

Rationale for taking class (check one box):

- | | |
|---|---|
| <input type="checkbox"/> Professional Growth Plan | <input type="checkbox"/> School Goal |
| <input type="checkbox"/> Career Advancement | <input type="checkbox"/> Salary Advancement |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Other _____ |

Signature of Applicant _____ Date

Attach to form: Copies of course receipt(s) and verification of successful completion.

For HR staff use only

Date Received: _____ Date Reviewed: _____ HR Employee: _____

Application Approved: _____ Application Denied: _____

If Denied, why: _____

Date of Reimbursement: _____ Amount of Reimbursement: _____

- Receipt Received Proof of Completion Received