

TUITION REIMBURSEMENT REQUEST FORM (Certified Staff)

Employee Name _____ Position _____

School _____ Employee ID _____

Please complete this form to apply for reimbursement of tuition costs. Funds are limited and will be reviewed, and dated, as requests are received by the Human Resources Department. The due dates for requesting reimbursement are (per contract language on page 53):

- September 1st for fall courses
- February 1st for spring courses
- June 1st for summer courses

Once all criteria are met, tuition reimbursements will be approved in date order of receipt in the Human Resources Department until all funds are exhausted annually. Additionally, any employee who resigns within 2 years of receipt of these funds shall reimburse the district for the amount they received (per contract language, page 54).

Criteria for reimbursement:

- Applicant must be enrolled in their first Master's degree program
- Earn an A or B in each course
- Turn in a transcript (official or unofficial) or grade report to Human Resources no later than:
 - **February 1st** for courses completed during the fall semester
 - **June 1st** for courses completed during the spring semester
 - **September 1st** for courses completed during the summer semester
- Reimbursement limit is \$1,500.00 per fiscal year

Failure to meet these criteria or deadlines may negate this request

Name of University: _____ Semester enrolled: _____ Fall
_____ Spring
_____ Summer

I am working toward a degree in _____ to further my education and improve my teaching skills.

Name of course(s): _____

Tuition per credit hour: \$ _____ X _____ credit hours = \$ _____ (total cost)

Employee Signature

Human Resources Director

Association President

Superintendent or Designee

Office use only: Date Received: Request Form _____
Date Received: Transcripts _____