

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.

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 52).

Criteria for reimbursement:

- Applicant must be enrolled in their first Master's degree program
- Submit ***"Tuition Reimbursement Request Form (Certified Staff)"*** no later than (per contract language, page 52):
 - ***September 1st*** for courses completed during the fall semester
 - ***February 1st*** for courses completed during the spring semester
 - ***June 1st*** for courses completed during the summer semester
- Earn an A or B in each course
- Submit 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
_____ Other (non-traditional)

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:

Request Form Received: _____ Transcripts Received: _____

Revised 04/2024