

## 2<sup>ND</sup> MASTERS TUITION REIMBURSEMENT REQUEST FORM (Certified Staff)

Employee Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ Employee ID \_\_\_\_\_

Please complete this form to apply for reimbursement of tuition costs towards your second master's degree. 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 53).**

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Criteria for reimbursement:

- Applicant must be enrolled in their second Master's degree program
- Submit **"Tuition Reimbursement Request Form (Certified Staff)"** no later than (per contract language, page 52):
  - **September 1<sup>st</sup>** for courses completed during the fall semester
  - **February 1<sup>st</sup>** for courses completed during the spring semester
  - **June 1<sup>st</sup>** 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 1<sup>st</sup>** for courses completed during the fall semester
  - **June 1<sup>st</sup>** for courses completed during the spring semester
  - **September 1<sup>st</sup>** 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 \_\_\_ Summer \_\_\_ Spring \_\_\_ Other (non-traditional)

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

Name of course(s): \_\_\_\_\_

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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 \_\_\_\_\_

04/2024