TUITION REIMBURSEMENT REQUEST FORM (Teaching Assistants)

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 21).

Criteria for reimbursement:
- Applicant must be a regularly employed member of the bargaining unit seeking a professional educator's license (regular, school nurse or special education, not substitute license)
- Submit *"Tuition Reimbursement Request Form (Teaching Assistants)"* no later than (per contract language, page 21):
    - *September 1st* for fall courses
    - *February 1st* for spring courses
    - *June 1st* for summer courses
- 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 $1,000.00 per academic 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 professional educator's license in _____ (type of licensure).

Name of course(s): _____

_____

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

_____   _____

Employee Signature   Human Resources Director

_____   _____

DFTA President   Superintendent or Designee

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

04/2024