



Request for Tuition Reimbursement

Article XXVI Master Agreement

Name of Applicant: _____ Date Submitted: _____
Building Assignment: _____ Teaching Assignment: _____

Area(s) of Certification/Licensure: _____ Deaf education, Intervention specialist: _____

Guidelines for Tuition Reimbursement (Article XXVI Master Agreement)

- **Prior approval from the Superintendent must be received prior to the first day of the course. It is the teacher's responsibility to verify the approval before the first day of class.**
- Applicant must successfully complete the course in order to qualify for tuition reimbursement. Successfully complete is defined as a "B" or better or Pass in Pass/ Fail courses as a final grade. Coursework must be taken from a college/university accredited college/university.
- Reimbursement will be made for undergraduate and graduate courses which fall into one or more of the following categories: (a) courses directly related to the employee's teaching assignment; (b) courses related to area of certification listed on the individual's teaching certificate; (c) coursework approved by the Superintendent; and (d) other coursework that may lead to educational degree or additional certification/licensure.
- Teachers who take courses at the Board's expense that will lead to additional certification/licensure will be required to teach in the district one (1) year beyond the completion of the course(s) or they will be required to reimburse the Board for any money that they have received the previous year for the course(s).
- The maximum number of hours an employee shall be reimbursed per fiscal year will be nine (9) semester hours/twelve (12) quarter hours.
- The maximum reimbursement for coursework will be 60% of the cost of tuition.
- Reimbursement shall be based on a "first come-first served" basis determined by the date of application for reimbursement.
- Upon the completion of a course, the applicant should forward a copy of a signed purchase order, the grade report and the paid tuition receipt to the Treasurer's Office.
- Payment will be made within four (4) weeks.

Number and Course Title: _____ First/ Last Day: _____

Hours (Indicate qtr./sem): _____ Course Cost: _____

College University Information: _____

Above Course is: (right click on the box and change it to a checkmark)

- Directly related to teaching assignment
- Related to additional certification/licensure
- Related to area of certification/licensure
- Course qualify under CCP
- Other, explain: _____

My signature certifies that this request is within the guidelines in the Master Agreement between the Edison Teachers Association and the Edison Board of Education.

Applicant's Signature:

(After you complete the information requested, please submit this form to the building principal.)

Principal's Signature _____ Date _____ Approved Disapproved

Superintendent's Signature _____ Date _____ Approved Disapproved