

## **CERTIFIED STAFF TUITION REIMBURSEMENT**

### **A. Tuition Reimbursement**

The Board agrees to grant allowances to individual certificated and licensed personnel for tuition reimbursement according to the following guidelines:

1. Personnel must have been employed by the Board for a period of one (1) year or more and have on file a valid teaching certificate, professional license, or two (2) year vocational certificate/license in the teaching area for which employed. Teachers may not claim both tuition reimbursement and workshop compensation.
2. All credits require prior approval by the Supervisor, Director, and Superintendent on a standard form supplied by the Board in advance of registering for a course in order that an applicant be eligible for reimbursement. The Superintendent shall approve all applications which meet the criteria established in this Article. The Superintendent will respond to the applicant within fifteen (15) working days after they have received the request.
3. Credits must be earned in a course from an accredited college or university, they must be pre- approved by the LPDC and be pursuant to the individuals current educational plan.
4. Course work must be scheduled at times that do not interfere with normal duties during the regular work day of the employee.
5. No certificated personnel will receive tuition reimbursement credit for more than twelve (12) semester hours or eighteen (18) quarter hours per calendar year.
6. In order for a teacher to be eligible for reimbursement, proof of payment for the requested hours and an official grade report from the college or university showing a "C" grade or better, or a passing grade in the case of a pass/fail course, must be filed with their immediate supervisor who will in turn submit approval to the Treasurer's Office.
7. Reimbursement shall be applied towards course work taken during the year (between September 1 and August 31) and paid the following October for those staff members returning for the next school year. When the Treasurer has received those items described in the foregoing stipulations. The reimbursement formula will be as follows:
  - a. Maximum per hour will be \$240.00 per undergraduate semester hour and \$290.00 per graduate semester hour. Quarter hours will be reimbursed at \$150.00 per quarter hour for undergraduate and \$180.00 for graduate hours.
  - b.  $\text{Reimbursement per hour} = \$15,000.00 \text{ divided by the total approved hours up to the maximum described in 7.a. above.}$
8. No teacher will be reimbursed by the Board if he/she receives grants, payments or scholarships from some other source for tuition.
9. If classes are not to be completed within one (1) year of the approval, the teacher must notify the Board at the time the request for approval is made, and reimbursement will not be made for completed courses until October of the following year when classes are completed. ALL classes must be completed within two (2) years of approval.



**BELMONT-HARRISON VSD**  
**TUITION REIMBURSEMENT PRE-APPROVAL FORM**

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

Course Number & Title	College/University	Credit Hrs	Cost per Credit Hr.	Semester/ Quarter	Grad./ Undergrad	Anticipated Start Date
				S / Q	G / U	/ /
				S / Q	G / U	/ /
				S / Q	G / U	/ /
				S / Q	G / U	/ /
				S / Q	G / U	/ /
				S / Q	G / U	/ /

How will the above course(s) benefits you in your current position (brief explanation on back or attached separate page)?

I affirm that the above information is true and that I have read and understand the procedures for tuition reimbursement as provided in the negotiated agreement.

\_\_\_\_\_  
Signature Date

Approve  Disapprove (Explain below)

Approve  Disapprove (Explain below)

\_\_\_\_\_  
LPDC Chair Signature Date

\_\_\_\_\_  
Supervisor Signature Date

Approve  Disapprove (Explain below)

\_\_\_\_\_  
Superintendent Signature Date

Explain/Comments

Brief explanation of how course(s) will benefit you in your current position:

## BELMONT-HARRISON VSD TUITION REIMBURSEMENT REQUEST FORM

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

Course Number & Title	College/University	Credit Hrs	Cost per Credit Hr.	Semester/ Quarter	Grad./ Undergrad	Date Completed
				S / Q	G / U	/ /
				S / Q	G / U	/ /
				S / Q	G / U	/ /
				S / Q	G / U	/ /
				S / Q	G / U	/ /
				S / Q	G / U	/ /

Required information that must be attached to reimbursement request:

- Proof of payment for the requested hours
- Official grade report from the college or university indicating a grade of C or better, or a passing grade in the case of a pass/fail course

I affirm that the above information is true and that I have received no other reimbursement for the above. Furthermore, I understand that if I do receive reimbursement or tuition forgiveness, in the future, I must repay any duplicate reimbursements to the District.

\_\_\_\_\_  
Signature                                  Date

- Approve     Disapprove (Explain below)                           Approve     Disapprove (Explain below)

\_\_\_\_\_  
LPDC Chair Signature                  Date                                  Supervisor Signature                  Date

- Approve     Disapprove (Explain below)

\_\_\_\_\_  
Superintendent Signature                  Date

Explain/Comments