

TUITION REIMBURSEMENT REQUEST FORM – PROFESSIONAL

The Board will reimburse all unit members for a maximum of nine (9) credit hours at \$350.00 per credit earned while participating in a pre-approved course of study. Unit members may request reimbursement for up to three (3) additional credit hours subject to available funds and payable at the end of the fiscal year. Reimbursement requests will be processed only for grades of “B” or higher. Courses may be taken at any time during the year. Employees must file the completed request for tuition reimbursement with the Board of Education by the following dates:

October 15 For Summer courses*
 March 15 For Fall courses*
 July 15 For Spring courses*

*Inclusive of mini-mesters and all coursework completed during this window of time.

The following documentation must be attached for payment: official transcript showing grade and credit(s) and proof of payment (receipt from institution, canceled check, bank statement, credit card statement). **ALL requested information must be provided. Incomplete packets will be returned.**

Tuition reimbursement requires two (2) years of subsequent continued employment with WCPS, otherwise repayment will be required. See Negotiated Agreement, Article 18.6, for complete reimbursement guidelines.

I have read the information presented above and acknowledge my responsibility in providing appropriate paperwork for reimbursement processing. I understand my responsibility to repay reimbursement received if terminating employment within two years of reimbursement receipt.

Signature _____ Date _____

Name _____ School _____

WCPS ID Number _____ Social Security Number xxx-xx-_____

Home address _____

Course Name and Number _____

Semester and Year Completed _____

**SUBMIT COMPLETED FORM AND ATTACHMENTS TO HUMAN RESOURCES:
 LINDSEY DARR, COORDINATOR OF HUMAN RESOURCES: TEACHER PERSONNEL**

To: Accounts Payable	(for Office Use Only)	
Payment Authorized \$ _____	Acct # <u>01-12-91-00-0-7170-000-00</u>	For Year: _____ - _____
Institution: _____	Course _____	
Approval Signature: _____	Date _____	
Approval Signature: _____	Date _____	