



# CERTIFIED STAFF APPLICATION FOR APPROVAL OF COLLEGE TUITION REIMBURSEMENT

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## PRE-APPROVAL FOR TUITION REIMBURSEMENT

Certified/licensed staff members may receive reimbursement only for *pre-approved* credit courses in an approved master's program or for graduate work in the employee's area of certification/licensure. All course work shall be completed satisfactorily at accredited colleges and/or universities.

Certified staff members may be reimbursed at a rate not to exceed the tuition cost up to a maximum \$100 per quarter hour or \$175 per semester hour with a maximum of \$800 per year. Staff members cannot be paid both a stipend and tuition reimbursement for the same contact hour.

Please attach a copy of your Individual Professional Development Plan (IPDP), if applicable. All reimbursed courses should be relevant to the goals set in the IPDP, area of certification/licensure or job assignment.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

TCESC Job Title: \_\_\_\_\_

Master's Degree Program Title: \_\_\_\_\_ If post graduate credit, check here: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Dates: \_\_\_\_\_

Number of Credit Hours Requesting Reimbursement for: \_\_\_\_\_ Semester Hours \_\_\_\_\_ Quarter Hours

Cost of Tuition Per Hour: \_\_\_\_\_ Brief description of how course relates to IPDP, certification/licensure or job assignment: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pre-Approved by Superintendent/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount Pre-Approved

This form will be returned to the staff member when pre-approval has been granted. The staff member must resubmit this form for final approval and payment. Human Resources will keep a copy of the pre-approval.

## APPROVAL OF TUITION REIMBURSEMENT

**Attached Copy of Transcript:** \_\_\_\_\_

Must obtain a grade of B or better, a P in a pass/fail, or satisfactory in a satisfactory/unsatisfactory.

The human resources department must receive an original transcript before reimbursement will be issued.

**Attached Copy of Grade Report, Transcript to Follow:** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Superintendent/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount