TUITION REIMBURSEMENT REQUEST FORM DEER CREEK-MACKINAW CUSD #701

| Teacher's Name: | Building: | |
|---|---|---|
| Name of Course: | Num | ber: |
| University/College: | Credit Hours: | Tuition Cost: \$ |
| Department: | Semester enrolled: | Year: |
| The following requirements must be met before refer to the district office. A Request for Approval of College Course Form file in the district office. A copy of the grade card or transcript showing tuition reimbursement request form. A copy of the receipt indicating the amount of request form. TUITION REIMBURSEMENT FOR CERTIFIED. The Board will pay current Illinois State University (per hour tuition cost, up to a maximum of nine (9) defined as June 1 through May 31 or Summer, Fall, Sp. B. This is subject to a \$22,500 district maximum per year. Employees shall be reimbursed for tuition for college report with no less than a "B" grade or its equivalent unit. The course must be directly related to the employed additional endorsement or certification. In order to part of an Illinois approved master's degree program of an Illinois approved master's degree program superintendent, the course can still be approved for hours, not salary advancement. Approval must be obtained from the Superintender the denial of hours counted towards salary scale should still be submitted for salary scale advancement. Any movement on the salary scale shall be made at the An updated copy of an employee's official transcript the salary schedule. The tuition reimbursement form must be submitted the fall must be submitted prior to the start of the sp. The employee must agree to work a minimum of two do so will result in repayment to the district for rei employee from repayment of reimbursed courses. | successful completion of tuition paid must be attended for the following condition to the following condition to gain hours related to salar to gain hours related to salar to gain hours related to salar to graph for the following condition to the following condition to the following condition to gain hours related to salar to graph for reimbursement, but will control to the following of the next schot must be submitted to the Sum of the following semester. The following condition to the following semester in the district after control for the following semester. | ance by the Superintendent and be on a the course must be attached to this tached to this tached to this tuition reimbursement acched to this tuition reimbursement acched to this tuition reimbursement. ER COURSES (CBA 8/1/16-7/31/17) or actual tuition cost if less than the ISU er per year. The reimbursement year is completed as evidenced though a grade as: achievement, school improvement, or an any advancement, the course must also be a superintendent. If the course is not part approved for salary advancement by the only count for professional development are to obtain prior approval may result in a reimbursement. All approved courses ment is not available. The course taken in the profession. Ex: Courses taken in appletion of a degree program. Failure to |
| Teacher's Signature | | Date |
| OF Copy of Approval Request Form on file in the D | FFICE USE ONLY | Yes No |
| | | |
| Copy of grade or transcript providedYes | | |
| Copy of tuition receipts providedYes | | unt reimbursed: \$ |
| Reimbursement approved denied Reason for | or denial: | |
| Superintendent's Signature | | Date |