



July 1, 2018 – June 30, 2019

Request for Tuition Assistance

In accordance with School Board regulation GCBC-R/GDBC-R, employees who receive tuition reimbursement funds are expected to remain employed with MPCS for a minimum of one year following the completion of their course or I will be required to repay any reimbursement provided to me unless:

- My employment is terminated by MPCS; or
• I must withdraw from the program or resign employment due to a medical disability certified by a physician.
• I understand and agree that tuition assistance shall be awarded on an annual basis, subject to availability of funds.

This form must be submitted by February 15, 2018 to participate this school year. Requests (tuition reimbursement) received after deadline; maybe considered for the next school year, 2018-2019.

Maximum reimbursement is \$111 per credit hour, \$1,000 maximum per year. Priority will be given to requests that will address critical needs of the division, to include Master's degrees and/or qualifications for the following subjects: Reading Specialist, Special Education, ESOL, Mathematics, Dual Enrollment and CTE.

Form with checkboxes for 'This is a new Request for Tuition Assistance (\*)' and 'Previously approved (Date: \_\_\_\_\_) Internal Use'. Includes questions: 'Have you applied to this degree program? Yes-No' and 'Have you been admitted to this program? Yes-No'.

University/College: \_\_\_\_\_ Degree Description: \_\_\_\_\_

Tuition Cost per Course: \_\_\_\_\_ (Proposed) Start date: \_\_\_\_\_ Expected Completion date: \_\_\_\_\_

Attach the following (\*new requests only)

- 1. Description of coursework included in program, including costs
2. Documentation showing acceptance in program

My signature below indicates I understand I will remain employed by MPCS for one year or will repay the reimbursement provided to me. I authorize MPCS to withhold from my wages or salary the total of reimbursement provided to me if I voluntarily resign in the 12 month period following the completion of the course.

Signature lines for Employee Name (please print), Employee's Signature, School, Principal's Signature, and Date.

Professional Development Committee:

Approval: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Comments: \_\_\_\_\_

Account Description: \_\_\_\_\_ Budget Line: \_\_\_\_\_

- Internal Use:
o Database
o Email
o Documentation