



July 1, 2018 – June 30, 2019

Tuition Reimbursement Fund Request Form

In accordance with School Board regulation GCBC-R/GDBC-R, employees who receive tuition reimbursement funds are expected to remain employed with MPCCS 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 MPCCS; 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

SECTION B – TUITION REIMBURSEMENT

Name: _____ School: _____

Prior to approval: Request for Tuition Assistance and National Board Professional Teaching Standards (NBPTS) participate forms, must be complete

- Continuing education coursework for licensure renewal (includes CPR) or additional endorsements *- \$200 maximum annually
- Degree programs - \$111 per credit hour *, \$1,000 maximum annually *(Semester/Year _____)
(Program must be pre-approved)
- National Board Certification - \$1,000 maximum annually
(Participation must be pre-approved)

***Attach:** grade report, unofficial transcript, documentation showing successful completion (including date), and receipt showing full payment

AMOUNT REQUESTED: _____

My signature below indicates I understand I will remain employed by MPCCS for one year or will repay the reimbursement provided to me. I authorize MPCCS 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.

Employee's Signature

Principal's Signature

Date

Date

Return this form with appropriate attachments to: Darlene Bedford, Administrative Assistant- Central Office

Requests are processed monthly - this form needs to be submitted by the third Friday of each month to be reviewed and approved by the Professional Development Fund committee.

Professional Development Committee:
Meeting Date: _____

Approval: _____ Denied: _____

Account Description: _____ Budget Line: _____

Internal Use:

- Tuition Assistance approved: Database: _____
- Paid receipt
- Grade Employee Notified: _____
- Degreed Program
- Licensure renewal **Actual Cost:** _____
- National Board

Comments: