

BARRE UNIFIED UNION SCHOOL DISTRICT
Barre City Elementary and Middle School
Barre Town Middle and Elementary School
Spaulding High School and Central Vermont Career Center

Course Reimbursement Approval (CRA) Process

Fillable Form:

Page one - instructions, Page two - the form

At top of form click download and open the download

Follow instructions below

- 1) **CRA forms must be submitted prior to the start of the course and must be for credits. Processing could be as long as a week so please plan ahead to get forms in as early as possible. This is true even if you are requesting reimbursement upon completion of the course.**
- 2) **Fill in all boxes of the CRA Form completely. Employee signature will not be a signature, just type your name. Once complete save a copy using your name and course (e.g. Gilbert,T – Name of Course). Employee submits completed form to tgilbbsu@buusd.org. Include in the email a syllabus or details about the course.**
- 3) **The Executive Assistant at the BUUSD will verify available funds and submit the form for Administrator and Superintendent's signatures.**
- 4) **If CRA is approved by the Superintendent, a purchase order or payment Defer letter is generated. Defer letters occur for courses in the next funding year being submitted prior to the next funding year opening. (A course start date determines the funding year)**
- 5) **Approved CRA paperwork, POs or Defer letters will be emailed back to the employee. Employee is responsible to register and forward a copy of the PO or Defer letter to the institution.**
- 6) **BUUSD will not PREPAY for a course without an invoice. If you receive an invoice you must submit it to Accounts Payable in the Business Office for payment.**
- 7) **Employee completes course: A copy of the syllabus and a final grade report (*proof of satisfactory completion*) must be sent to the Executive Assistant at the Central Office. If the course is not completed with a satisfactory grade, the payment for the course will be the responsibility of the employee.**
- 8) **If an employee takes a course in the second half of the school year or during the summer and does not continue their employment the next year, the payment for the course will be the responsibility of the employee.**

Reminders:

- **Please allow a minimum of one week for processing request for approval**
- **Refer to your Collective Bargaining Agreement (CBA) regarding course benefits**
- **UVM Tuition Rate per
Credit: https://www.uvm.edu/studentfinancialservices/undergraduate_tuition_and_fees**
- **Employee is responsible for: turning in completed CRA forms in a timely manner, registering and forwarding POs to the institution, and forwarding invoices and grade reports to the BUUSD.**
- **Funds will pay for course tuition only. Additional fees and materials are the employee's responsibility**

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COURSE REIMBURSEMENT APPROVAL

Courses taken for reimbursement **must have the approval** of the superintendent or designee **prior to enrolling in the course.**

Name of Course _____ Institution _____

Instructor _____ Credits _____ (Must be for Credits) Tuition \$ _____

Dates course will be taken (MM/DD/YYYY): _____

The course **START** date will determine the fiscal funding year for which the course will be paid.

Please check boxes related to your request:

- Payment of tuition as defined in the master agreement.
- This is a graduate course to be used towards horizontal movement on the salary schedule.
- I would like to have a deferred payment letter to submit with my registration form. (needed if course starts after June 30th and the next year funding isn't available)
- I am enrolled in an Approved Master's Program (Approval Letter must be provided to central office.)

It is understood if an employee takes a course in the second half of the school year or during the summer and does not continue their employment the next year, or if the course is not completed with a satisfactory grade, the payment for the course will be the responsibility of the staff member.

- This course **DOES NOT** require missing days of work
- This course **DOES** require missing days of work

Employee (PLEASE PRINT) _____ Date _____

Location: (Select One) _____

BCEMS BTMES SHS CVCC CO _____ Building Administrator's Signature _____ Date _____

Please identify your position: Teacher Para Admin Clerical Other _____

Make Payment to: Employee: (attach receipt) OR Institution: _____

For payment to the employee, **proof of payment must be provided** with this form. The institution will be paid upon receipt of an invoice and approval at the next appropriate warrant. Invoices typically go directly to registered student, please forward to the Central Office as soon as you receive it.

Funding: Teacher Course Allowance Grant Funding Acct. # _____

For Central Office use only:

Tuition Payment of \$ _____ approved. Remaining Funding: \$ _____

Superintendent's Signature _____ Date _____

Cc: BUUSD AP Bookkeeper P.O. # _____ Defer Letter: Yes No