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 right of form click download arrow, open the download and save to your desktop. Open from the desktop and fill out form. Once complete go to File, Save As, and rename it so it saves the information you have entered. See number 2 below for submitting.

- 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. Administrator and Superintendent signatures will be completed through the Central Office. 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 <u>emailed</u> 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 (Course must be taken for credits for this form to be used)

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

Name of Course	Institution		
Instructor	# of Credits	Cost \$	(Credits only)
Dates course will be taken (M	M/DD/YYY) :		
The course <u>START</u> date will d	etermine the fiscal fund	ing year for which the cours	e will be paid.
 schedule. I would like to have a c (Check box if course state) 	lefined in the master ag rse to be used towards h leferred payment letter t arts after June 30th and th	reement. norizontal movement on the o submit with my registratio ne next year funding isn't availa n (Approval Letter must be pro	n form. able)
It is understood if an emplo summer and does not cont with a satisfactory grade, tl	inue their employmen	t the next year, or if the co	urse is not complete
 This course <u>DOES NO</u> This course <u>DOES</u> required 		of work rk Number of da	ys
Employee (PLEASE PRINT)	Da	te	
Location: (Select One)			
	$S \square CVCC \square CO Bu$	uilding Administrator's Sig	nature Date
Please identify your position	n: 🗆 Teacher 🛛 Para	a 🗆 Admin 🗆 Clerical 🗆	Other
Make Payment to: 🛛 Emplo	yee: (attach receipt) O	R Institution:	
For payment to the employee upon receipt of an invoice and registered student, please for	d approval at the next ap	opropriate warrant. Invoices	
Funding: 🛛 Teacher Course	Allowance 🛛 G	rant Funding Acct. #	
For Central Office use onl	<u>v</u> :		
Tuition Payment of \$	approved.	Remaining Funding: \$	
Superintendent's Signature		Date	
Cc: BUUSD AP Bookkeeper	P.O. #	Defer Letter: 🛛 Ye	s 🗆 No