

COURSE REQUEST PROCEDURES

Step I

EMPLOYEE

1. Employee reviews master agreement.
2. Employee selects a course relevant to position.
3. Employee fills out Educational Benefits Request form and attaches all required documentation from the institution. Documentation includes: course description, number of credits, costs and dates of course.
4. Gives completed request to administrative assistant/Principal/Director/Supervisor.

Step II

School

1. Administrative assistant/Principal/Director/Supervisor reviews request and documentation.
2. Principal/Director/Supervisor approves and signs request.
3. Sends signed request with documentation to Benefits Specialist.

Step III

Central Office

1. Benefits Specialist checks request for completeness and available credits.
2. HR Coordinator reviews and approves request on behalf of the Superintendent.
3. Benefits Specialist emails approved request to employee and administrative assistant.

Step IV

EMPLOYEE

1. Obtains a purchase order from administrative assistant, if needed.
2. Registers for class.
3. IMMEDIATELY, upon receipt, gives invoice to administrative assistant for coding and submission for payment.
4. Provides Benefits Specialist with grade within 30 days of course completion date.

Step V

Central Office

1. Benefits Specialist reviews and approves invoice for payment.
2. Benefits Specialist tracks grades, available credits, chargebacks and taxable benefit amounts.*

*Pursuant to Internal Revenue Service Publication 15-B Employer's Tax Guide to Fringe Benefits, educational assistance above \$5,250 in a calendar year is considered a taxable event. Please note that the tax is based on when the tuition was paid, not when the courses were taken. <https://www.irs.gov/pub/irs-pdf/p15b.pdf>

**LNSU Educational Benefits Request Form
(Tuition Benefit)**

Please submit three weeks prior to the registration deadline

Employee Name _____ Date Completed _____

School _____ School Year _____

FTE _____ Position _____

**Support Staff – Reference Article VII, of the Joint Master Agreement
Teachers - Reference Article IX, of the Master Agreement**

- Must obtain **ADVANCE** approval from your Administrator and Human Resources.
- Educational benefits are tuition benefits for courses that an employee attends outside of scheduled paid work days.
- Teachers are entitled to 6 credits per year. (Teachers enrolled in a graduate program shall be eligible to receive an additional 3 credits of tuition benefits/year.) Support Staff are entitled to 3 credits per year.
- This form must be accompanied by relevant supporting documentation about the course/program from institution.
- Educational Benefits may be used only for course tuition and registration fees; travel expenses are excluded.

Course/Program Name _____ Course Location _____

Institution/Sponsor _____ Begin Date _____ End Date _____

Number of Credits: Grad _____ * Undergrad _____
*Undergraduate credits will NOT be granted for horizontal movement, except for GMTCC teachers pursuant to Articles 6.6.8 and 6.6.9

ATTACH COURSE DESCRIPTION, PROOF OF ALL COSTS, # OF CREDITS AND DATES OF COURSE.

Are you enrolled in an approved graduate degree program? Yes** _____ No _____
**If yes, have you submitted your letter of acceptance and course outline to HR? Yes _____ No _____

Reason for attending/relevance to your job/assignment:

Course Tuition Cost _____ Registration Fee _____ (maximum \$15 per credit)

Invoices need to be submitted for payment immediately after receipt. No late fees will be paid.

Employee Prepaid: Yes ___ No ___ If yes, payable to: _____

I agree to reimburse the District for expenses related to this course/program if I do not take or complete the course, and/or, in the case of tuition benefits, if I receive a final grade less than the equivalent of "B". I agree to submit a copy of my official final grade report to HR at the LNSU Central Office no later than 30 days after the course ends. Employee Initials _____

Employee Signature: _____ Date: _____

Principal/Director/Supervisor Signature: _____ Date: _____

Superintendent/HR Coordinator Signature: _____ Date: _____

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_____ of _____ credits (For Office Use)

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