

EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

Nadia Romano
Superintendent

1660 Stelton Road
Piscataway, NJ 08854
(732) 777-9848

<http://www.escnj.us>

Timothy Havlusch
Business Administrator/Board
Secretary

Kaitlin Jones
Assistant Superintendent
Learning/Educational Services



Matthew J Scanlon Ed.D
Assistant Superintendent for
Operations & Security

REQUEST FOR TUITION REIMBURSEMENT – FULL TIME STAFF 2025 – 2026 SCHOOL YEAR

FY26 REQUEST MUST BE SUBMITTED TO THE SUPERINTENDENT'S OFFICE NO LATER THAN:

FOR SUMMER II SEMESTER: May 29 -
(Do not submit before May 1)

Staff member will receive notification
of approval by June 30

FOR FALL SEMESTER: September 26 -
(Do not submit before July 25)

Staff member will receive notification
of approval by October 10

FOR SPRING SEMESTER: November 28 -
(Do not submit before October 10)

Staff member will receive notification
of approval by January 9

FOR SUMMER I SEMESTER: May 15 -
(Do not submit before April 1)

Staff member will receive notification
of approval by May 29

Accurate tuition costs and course title must be listed. You are required to notify the Commission office in writing within two (2) weeks if you drop the course or the course is cancelled.

Per Section 7:1.4, labor contract states reimbursement will be limited to 70% of the credit rate charged by the State College attended or the College of New Jersey rate if the teacher attends a private college for a maximum of six (6) credits per year.

Reimbursement will be made after Board approval, upon review and processing of the official college/university transcript which records the course grade of "B" or better and credits earned. A record of the course will be placed in the staff member's personnel file. Reimbursement will be made on a first come first served basis.

When submitting tuition reimbursement requests, please attach a photocopy of the registration documentation form received from the accredited college/university, indicating the amount of tuition costs.

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Staff Member _____ School/Program _____
Date Submitted _____

Address _____

Semester _____ Graduate/Undergraduate Credits _____

Course Title _____

College/University _____ Tuition Cost Only\$ _____

Rationale _____

Signature of Staff Member _____

Anticipated Reimbursement \$ _____

Superintendent Approval/Date _____

Payment Authorization:

Amount of Reimbursement \$ _____ Superintendent. Approval/Date _____

Received in Business Office _____ Date of Payment _____

NOTE: As per 7:1.5 of the Collective Bargaining Agreement, "If the number of credits submitted for tuition reimbursement in any school year will exceed the amount specified in Section 7:1.4, then the employees to be reimbursed will be selected on a first come first serve basis".