COLOMA
COMMUNITY SCHOOLS
Coloma, Michigan

Tuition Reimbursement Request Form

A Tuition Reimbursement Request form **must be** completed prior to registering for a course.

Steps for Approval

Complete **Section I** of the Tuition Reimbursement Request form completely. Forms requiring additional information will be returned to you and may result in delays.

Obtain your supervisor's approval prior to submitting to the Administration Office for approval.

Note to supervisors: Approval of tuition reimbursement requests must be in accordance with the requirements found in the collective bargaining agreement (Section 16 – D, E)

- Course work must be from a regionally accredited college or university
- Course work must be at the 500 level or greater
- Course work must be in a teacher's subject area or for the purpose of professional growth
- Course work must be taken outside the work day
- Credit must not be earned through an in-service or conference in which the teacher received payment or stipend for attendance

Send the completed and signed form to the Administrative Office for approval. Form must be submitted and approved before you register for the course. Please allow up to two weeks for approval.

The approved form will be returned to you to be retained until the end of the quarter/semester.

To receive reimbursement for tuition, complete **Section II** of the Tuition Reimbursement Request form and submit to the Administration Office within 45 days of completion of the course. Include a copy of your grades and receipt(s). Reimbursement will be sent to you from the Accounts Payable Office for courses in which you received a satisfactory grade.

If you did not receive a satisfactory grade for any course, the cost of the units or a prorated amount of the tuition will not be reimbursed.

Date: 10.7.11

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Section I

Employee Name	Supervisor Name
Job Title	**Course Start Date**
Term (check appropriate boxes and fill in blanks Fall Winter Spring Summer	Quarter Semester Year **Term Dates**
School	Via TV Yes No Via Web Yes No

Course #	Course Title	Units	Days (e.g., MWF)	Times (e.g. 2-4)	Fees $

I am… I am not… …receiving other financial aid. (If yes, provide documentation of amount and how it will be applied)

Check the appropriate box below

- ❑ College Degree or Specialty Certificate.
- ❑ Coursework only.

Class Time (Check boxes that apply)

- ❑ Course times can be accommodated outside my normal working hours, and I do not need to request time off
- ❑ I will not be receiving payment or a stipend for my attendance/participation in this course.

Provide a brief description of the reasons for taking this course:

_____

1. Is the course required in order for the employee to meet continuing education requirements or for certificate renewal? ❑ Yes ❑ No
2. Will this course help to maintain or improve skills needed in your current position? ❑ Yes ❑ No

If the answer to 2 is "Yes", please provide a brief description of how this course will help to maintain or improve your skills:

_____

*I understand that I am solely responsible for payment of taxes as a result of any reimbursement for education that may be found to be taxable and I agree to hold Coloma Community Schools harmless from any claim associated with the withholding of taxes. I will submit grades and receipts within 45 days of the end of the term to the Administration Office.

Employee Signature	Date	Supervisor Signature	Date
Superintendent/Designee Signature	Date		

Section II

I hereby request reimbursement for the above classes. Attached are the relevant grades and receipt(s).

Course: _____ **Final Grade:** _____ **Course:** _____ **Final Grade:** _____ **Course:** _____ **Final Grade:** _____

Employee Signature_____ **Date** _____

Superintendent's Approval _____ **Date** _____

_____ is authorized for $ _____ tuition reimbursement of fees.

Date: 10.7.11