

**TUITION REIMBURSEMENT FOR PROFESSIONAL STAFF
TUITION REIMBURSEMENT APPLICATION FOR COURSE WORK
COMPLETED JULY 1, 2026 –JUNE 30, 2027**

Professional employees will be eligible to receive tuition reimbursement **not to exceed 6 credits per fiscal year (July 1-June 30).** The reimbursement will be at the prevailing 2026-2027 state system rate, specifically, **Slippery Rock University at \$557 per credit.** Maximum amount is not to exceed the cost of course(s).

As a condition to receiving reimbursement, the employee agrees to continue in employment for the Butler Area School District for three (3) full school years (August-June) following completion of coursework for which reimbursement is made.

In the event that the employee resigns or is discharged for cause or retires from his/her employment with the district (other than a disability retirement through PSERS), the employee shall return the district tuition monies received at a rate of 25% for the school year three years prior to resignation/retirement and a rate of 50% for the school year two years prior to resignation/retirement and at a rate of 75% for the school year one year prior to resignation/retirement.

Repayment Schedule	
Year 1	75%
Year 2	50%
Year 3	25%

Example A:

Reimbursement Received:

2015-2016: \$1,000.00

2016-2017: \$1,000.00

*If an employee resigns during the 2017-2018 school year, they must refund the Butler Area School District \$500 of monies received in 2015-2016, and \$750 of monies received in 2016-2017.

Example B:

Reimbursement Received:

2015-2016: \$1,000.00

2016-2017: \$1,000.00

*If an employee resigns during the 2019-2020 school year, they owe no money from the 2015-2016 school year but must refund \$250 from the 2016-2017 school year.

The professional employee must provide the Superintendent with a copy of his or her individual approved Program of Studies at an accredited college or university which includes the required course(s). To receive payment, the professional employee must provide the Superintendent with a copy of the completed application for reimbursement, the fee statement, a copy of the grade report, and proof of enrollment status. An official transcript from the office of the registrar must also be on file in the Superintendent's Office, and a grade of B or its equivalent is required for reimbursement.

At a minimum, the institutions from which the credit is received must be accredited and approved by the Superintendent and one which would be acceptable to the Pennsylvania Department of Education for teacher certification purposes.

This program is subject to the same restrictions as enumerated in Appendix "A", Article VI, Salary Adjustments for Post-Graduate Work.

PROFESSIONAL STAFF
TUITION REIMBURSEMENT APPLICATION FOR COURSE WORK
COMPLETED JULY 1, 2026 THROUGH JUNE 30, 2027

**APPLICATION AND ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED
NO LATER THAN JULY 31, 2027.**

_____	_____	_____
Last Name	First Name	Middle Initial

Requested amount of tuition reimbursement: \$_____

(Reimbursement will be at the 2026-2027 Slippery Rock University rate of \$557 per credit; Maximum amount is not to exceed the cost of course(s). Do not include any course fees as these are not reimbursable)

Granting Institution: _____

Number of Applicable Credits: _____

(Maximum amount is not to exceed six (6) credits per fiscal year: July -June 30)

<u>Course Numbers & Title/Description</u>	<u>Start Date</u>	<u>Completion Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following documents **MUST** be submitted along with this form for your tuition reimbursement application to be processed:

_____ **Letter of Acceptance into a Master's or Doctorate Degree program.** (first time submission only)

_____ **Official transcript** showing grades (grade of B or its equivalent). **Transcripts may be sent via US Mail or email and must be received no later than July 31, 2027, to: Kristen Clouse, 110 Campus Lane, Butler, PA 16001. Electronic transcripts will be accepted but must state "Official Transcript".**

_____ **Paid, itemized, course receipt** for credits for which you are applying for reimbursement. Paid receipt should list individually the course name and the amount charged for the course. If participating in deferred billing, the course receipt should be paid in full with the exception of the courses being submitted for tuition reimbursement. ***Do not include any course fees as these are not reimbursable.***

_____ **Request For Check** form completed (attached). Please complete the form in its entirety.

Application, and all required documentation, must be submitted no later than July 31, 2027, to: Kristen Clouse, Human Resources. Submissions received without all required documentation, with the exception of the transcript if being sent separately, will be returned.

By submitting this form, I understand that if I resign employment from the Butler Area School District within three (3) years of receiving reimbursement, I will be responsible for repaying the district a percentage of the tuition reimbursement received in accordance with repayment terms outlined in the CBA.

BUTLER AREA SCHOOL DISTRICT

TUITION REIMBURSEMENT - REQUEST FOR CHECK

MAKE CHECK PAYABLE TO: (COMPLETE ALL INFORMATION) _____ NAME _____ STREET _____ CITY STATE ZIP CODE	OFFICE USE: Budget Item: _____ OK'd by: _____ OK's by: _____ Check No.: _____ Date Paid: _____
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AMOUNT OF TUITION REIMBURSEMENT REQUESTED

**Please complete the course information below for tuition reimbursement.
Do not include any fees as they are not reimbursable.**

COURSE NUMBER	COURSE TITLE	TOTAL CREDITS	COST PER CREDIT	TOTAL COST OF COURSE	BUDGET ITEM OFFICE USE ONLY
TOTAL AMOUNT OF TUITION REIMBURSEMENT REQUESTED:					

CHECK REQUESTED BY (SIGN NAME): _____

DATE OF REQUEST: _____

**SEND COMPLETED CHECK REQUEST, ALONG WITH ALL REQUIRED TUITION REIMBURSEMENT
DOCUMENTATION, TO: KRISTEN CLOUSE, HUMAN RESOURCES.**