TUITION REIMBURSEMENT
SUPPORT PROFESSIONAL STAFF

TUITION REIMBURSEMENT APPLICATION FOR COURSE WORK
COMPLETED JULY 1, 2026-JUNE 30, 2027

Support 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 Butler County Community College rate ***at $211 per credit***. Maximum amount is not to exceed the cost of course(s).

No one shall receive a payment greater than the cost of their credits. The individual will be reimbursed up to a minimum amount equal to three (3) credits per course with a maximum of six (6) per year. Approval for reimbursement of all courses must be pre-approved by the Superintendent or his designee. Reimbursement will be made at the Butler County Community College rate unless otherwise pre-approved by the Superintendent. Only courses having a "B' grade or better will be reimbursed.

EXAMPLES OF INDIVIDUAL CALCULATIONS BASED UPON THE 2026-2027 BUTLER COUNTY COMMUNITY COLLEGE TUITION RATE OF $140 PER CREDIT

Support Professional Employee	Credits Submitted	x	Reimbursement Per Credit	Reimbursement
A	3		$211	$633
B	6		$211	$1,266

If an employee who received tuition reimbursement voluntarily leaves employment with the district after receiving tuition reimbursement, the employee will be responsible for repaying the district 50% of what was reimbursed in the twelve (12) months preceding the last day worked by the employee.

To receive payment, the support professional employee must provide the Superintendent with a copy of 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 only courses having a grade of "B" or better will be reimbursed.

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.

Professional Development for Paraprofessionals: The District shall provide the mandated professional development hours annually required for paraprofessionals. Hours will be provided at the District.

SUPPORT PROFESSIONAL STAFF

TUITION REIMBURSEMENT APPLICATION FOR COURSE WORK
COMPLETED JULY 1, 2026-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 Butler County Community College rate of $211 per credit; Maximum amount is not to exceed the cost of the 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 1-June 30)

Course Numbers & Title/Description	**Start Date**	**Completion Date**
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

_____ **Official transcript** from the office of the registrar showing a grade of "B" or better. ***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, 2026, to: Kristen Clouse Administration Office. 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 one (1) year 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: _____

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