TUITION REIMBURSEMENT FOR ACT 93 STAFF

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

Act 93 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 state system rate, specifically, Slippery Rock University 2026-2027 rate of $557 per credit. Maximum amount is not to exceed the cost of course(s).

The administrator must provide the Superintendent with a copy of his/her individual approved Program of Studies which includes the required courses.

To receive payment, the administrator must provide the Superintendent with a copy of the fee statement and a copy of the grade report.

A grade "B" or its equivalent is required for reimbursement. The Superintendent approves the payment.

An official transcript from the office of the registrar must also be on file in the Superintendent's Office.

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.

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

In the event the employee resigns or retires from his/her employment with the district (other than a disability retirement through PSERS), the employee shall return the district monies received in accordance with the following schedule:

- Year 1 and 2=100%
- Year 3=75%
- Year 4=50%
- Year 5=25%

ACT 93 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 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 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 application to be processed:

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

_____ **Official transcript** from 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 five (5) 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 contact.

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