GREENVILLE CITY SCHOOLS

Application for Teacher Tuition Reimbursement

Teacher Name: _____ Building: _____

Course Title & Number: _____

Name of Accredited College or University: _____

Date of First Class (Preapproval by Superintendent is Required): _____

Date Class is Scheduled to End: _____

Indicate how course relates to your area(s) of responsibility or your IPDP (attach additional pages if necessary):

_____

_____

To be eligible for reimbursement the employee must meet the following qualifications: Application for tuition reimbursement must be approved by the Superintendent prior to the first class meeting.

- Course work must be graduate level.
- Course work must be from an accredited college or university.
- Course work must be directly related to the employees' area of responsibility or to the employees' IPDP.
- Provide the Superintendent with an official transcript substantiating course completion and final grade of A, B, or equivalent.
- If course is pass/fail, transcript must substantiate course was passed.
- No reimbursement shall be provided for audited course work.
- Provide the Superintendent's office with appropriate receipt substantiating amount paid for course work.
- For accounting purposes, the date on which the course is scheduled to end shall be the date used to determine the disbursement year.
- Although approval of course selection makes the employee eligible for reimbursement it does not guarantee that funds will be available.
- Employees are encouraged to submit all documents required for reimbursement to the Superintendent in a timely manner.

In accordance with Article VI, Section 13, of the Master Agreement, I am making application for tuition reimbursement:

_____ _____

Signature of Administrator/Applicant Date

For Office Use Only

_____ Approved _____ Disapproved

_____ _____

Superintendent's Signature Date

Reason(s) for disapproval:

_____

_____

Board of Education Approval Date: _____

Approved for Payment: _____ _____

Superintendent *Date*

Date of Reimbursement: _____ *Check #:* _____ *P.O. #:* _____

Please complete form and turn in to the Superintendent's Office prior to 1st Class