

WEST SPRINGFIELD PUBLIC SCHOOLS TUITION REIMBURSEMENT REQUEST FORM

NAME _____
(Please Print Name)

PHONE _____
(In the event of questions re: form)

MAILING ADDRESS _____
(Street) (City/Town) (Zip)

Please check one of the following for reimbursement:

_____ Unit A Teacher _____ Unit B Administrator _____ Other contract

School year reimbursement is requested for _____ # of courses taken during the current school year _____

Name of course(s) _____ # of credits _____

Credits received for successful completion of course(s) _____ Amount requested for reimbursement _____
(\$600 max)

This form and required documentation (see back for required documentation list) must be delivered to the Payroll Department no later than July 1 to be included for reimbursement. The actual reimbursement will be processed as quickly as possible (during July/August) through the School Department accounts payable process and will be mailed to the address listed above.

I hereby sign that the information included with this request for tuition reimbursement is a true statement of expenses actually incurred by me and qualify for tuition reimbursement pursuant to guidelines listed within the contract document that covers my employment with the West Springfield Public Schools (Copy of Unit A language on back of this form).

Employee signature _____

Date _____

RECEIVED BY BUSINESS OFFICE/PAYROLL DEPARTMENT**

**Signature of Receipt _____

Date _____

FOR BUSINESS OFFICE USE ONLY (FOR AUTHORIZATION OF PAYMENT)

Amount Approved For Tuition Reimbursement _____
(May be a prorated amount due to availability of funds)

Approved For Payment _____
(Business Manager Signature)

Date _____

** Upon receipt of this form in the Business Office/Payroll Department, a (signed as received) copy will be returned to you for your records. If you do not receive this acknowledgement of receipt within two weeks of submittal, please contact the business office at 263-3291.

The following must be attached to this reimbursement request:

- A) _____ Proof of Payment. *This must include a breakdown from the organization that shows the cost for each course AND proof of payment (one of the following: receipt from institution showing amount paid OR copy of cancelled check OR copy of credit card statement with payment shown).*
- B) _____ Copy of course credit statement from the institution that indicates successful completion of the course. This can be a student grade report or a transcript from the college.

Unit A Contract (Article 5, Section I)

Tuition Reimbursement – A Tuition Reimbursement Program for the purpose of providing payment for pre-approved college credit courses is hereby established as of the date of execution of this Agreement, exclusively for members of the bargaining unit.

In order to qualify for tuition reimbursement, the college course has to be pre-approved by the Superintendent or his/her designee, relate directly to the subject the teacher is teaching and to District need/goal, or relate to classroom management, or if a counselor, relate directly to counseling content or techniques. Tuition reimbursement will not be given for courses that prepare the staff member for another certification or a non-related degree. No cruises will be offered tuition reimbursement.

A limit of three (3) semester hours per year will qualify for reimbursement. In order for staff members to receive tuition reimbursement, they must submit the paid statement to the Business Manager no later than July 1st of each year. *A pool of dollars has been established for each year of the contract – see actual contract for the amount identified for each year.* Tuition reimbursement will be capped at six hundred dollars (\$600) per year, per employee. Reimbursement will be evenly divided among staff members, each year, based on the cost of a Massachusetts State College course.

In the event of any questions regarding this form, please contact the Business Office in writing (26 Central Street, West Springfield, MA. 01089) or by phone (413-263-3291).

Please keep a copy of this form and a copy of all items attached for your records.