

SECTION I: Request is for (please check only one box):

Tuition Reimbursement and/or Salary Schedule Credit only: Complete Sections I, II, III, IV, V, and VI (a, b) and submit to Human Resources Department. Non-licensed Staff and Support Staff need only complete Sections I, II, III, IV, and V.

Relicensure only: Complete Sections I, II, and VI (b, c, d, e). Submit two copies of this form to the Local Standards Board Chair.

Both Relicensure and Tuition Reimbursement and/or Salary Schedule Credit: Complete all Sections and submit original to Human Resources Department and two copies to Local Standards Board (LSB) Chair. Human Resources will not submit copies to the LSB on your behalf.

SECTION II: EMPLOYEE INFORMATION

Name: _____ School: _____ Date Submitted: _____

SECTION III: COURSE INFORMATION I request permission to use my available tuition reimbursement for the following course/seminar listed below (please complete each section thoroughly). Please complete a separate form for each course/seminar/etc.:

College/University/Institution: _____

Please check all that apply: Tuition Reimbursement Requested Salary Schedule Credit Requested (requires college transcripts/grade report)

Tuition Reimbursement Requested: \$_____ (please indicate only the amount you wish to have paid through your Tuition Reimb. balance)

***You MUST attach a COPY of the registration form and/or other document verifying the cost**

<u>Course Name and Number</u>	<u>Start Date</u>	<u>End Date</u>	<u>Credit Hours</u>
_____	___/___/___	___/___/___	_____

Please select payment option:

Reimburse employee for the cost of said course/seminar/workshop (employee must provide proof of payment and successful completion in order to be reimbursed).

Pre-pay the college or other agency listed below (billing statement must be provided before payment can be issued).
Please make check(s) payable to: _____

Purchase Order (PO will be provided to employee for employee to send with registration form).
Please make Purchase Order(s) payable to: _____

Course is being paid for by a grant as authorized by the *Executive Director of Curriculum, Instruction, and Assessment*.
Initials of the *Executive Director of Curriculum, Instruction, and Assessment*: _____

Course is being paid for by Special Education funds as authorized by the *Executive Director of Student Support Services*.
Initials of the *Executive Director of Student Support Services*: _____

SECTION IV: EMPLOYEE ACKNOWLEDGMENT & LOAN AGREEMENT

I acknowledge that it is in the best interest of both the District and myself that the course listed above is completed satisfactorily. If I am requesting the district to pay the institution for the cost of the course prior to my completion of the course, I agree to reimburse the district for the cost of the course in the event that I fail to complete the course or I receive a grade below a B. I understand that reimbursement must be made in a single payment (not through payroll deduction) within 30 days.

I also understand that it is my responsibility to submit a grade report, transcript, or certificate of completion for the course as proof of satisfactory completion of the course within 60 days of the course end date (photocopy and/or on-line grade report will suffice). I am aware that the credits earned will not be applied to my salary scale (if applicable) until a grade report or transcript is submitted verifying successful completion. I further understand that if I fail to submit the requested grade report, transcript, or certificate of successful completion for the course within 60 days of the course end date, I must reimburse the district for the cost of the course.

I understand it is my responsibility to pay for any books, materials, late fees, comprehensive fees, or other non-tuition fees associated with the completion or payment of this course. I further understand it is my responsibility to register myself for the course. I understand it is my responsibility to notify Human Resources if the course is cancelled, or I drop from the course or otherwise do not complete the course. **If payment has already been issued for the dropped/cancelled course, I understand it is my responsibility to reimburse the district and to seek personal reimbursement from the institution afterwards.**

X _____
Employee Signature

___/___/___
Date

SECTION V: COURSE AUTHORIZATION

I, the undersigned, recommend approval for the course indicated above provided the employee has enough tuition reimbursement funds available.

X _____
Department Head/Immediate Supervisor's Signature

X _____
School Administrator/Director's Signature (required)

**** PLEASE READ EACH SECTION CAREFULLY ****

SECTION VI: ALIGNMENT TO IPDP AND STUDENT LEARNING

Name of activity: _____

If you plan to apply this activity to more than one endorsement, please submit a separate form per endorsement.

A. The course/activity will impact on student learning through the following connections (please check all that apply):

- School Action Plan or Strategic Plan
- School Mission Statement
- School District Goals
- Performance Criteria of the District Supervision and Evaluation Model
- Individual Goals as approved by the building principal

Please specify the goal/criteria (indicated above) to which the course/activity connects:

B. Check and justify "the one" professional standard of your Individual Professional Development Plan to which this activity applies. Please be detailed and specific as to how this activity applies to the standard you checked below:

- Learning Professional Knowledge Collegueship Advocacy

(If you do not have an Individual Professional Development Plan, please indicate how the course fits your individual performance goals.)

C. Teaching Position: _____ Current License Expiration: _____ Level I: ____ Level II: ____

D. Number of credits requested: _____

E. Identify your applicable endorsement:

	<u>Certificate Endorsement</u>	<u>Area</u>	<u>Grade Level</u>
_____	_____	_____	_____

Activity begins on: _____ Activity ends on: _____

How do you plan to document this activity?

Please note:

- Approval for any activity may be submitted for preliminary approval before the activity date.
- It is your responsibility to keep a record of all your approved activity forms and Individual Professional Development Plans in the blue binder.

<u>PRELIMINARY APPROVAL</u>	<u>FINAL APPROVAL</u>
_____	_____ Appropriate documentation received
# Credits _____	# Credits _____
_____ Date	_____ Date
Local Standards Board	Local Standards Board