

**STAFFORD PUBLIC SCHOOLS**  
**REQUEST FORM FOR TUITION**  
**REIMBURSEMENT**

In order to provide continuing assistance to the teaching staff for professional improvement and/or renewal and updating of skills beyond normal certification requirements, the Board will reimburse a teacher for the successful completion of up to three (3) graduate courses per year at the rate of one hundred and fifty dollars (\$150.00) dollars per graduate credit or at the price of the course, whichever is less expensive, awarded by an accredited institution in a planned program of instruction.

In order to provide continuing assistance to the non-certified / non-affiliated staff for professional improvement and/or renewal and updating of skills beyond normal certification requirements, the Board will reimburse a non-certified / non-affiliated employee for the successful completion of up to three (3) courses per year at the rate of one hundred dollars (\$100.00) per credit awarded by an accredited institution in a planned program.

Reimbursement will be paid only if:

the staff member obtains prior written approval of the Superintendent of Schools for the proposed program of studies, which must be offered by a regionally accredited college or university;

(1) the staff member obtains a grade of B- (or its equivalent) or better, except in pass/fail courses (where a pass is acceptable);

(2) the staff member has submitted his/her intent form for approval to the Superintendent, together with anticipated tuition costs, by February 1 of the fiscal year preceding the fiscal year in which he/she plans to seek tuition reimbursement; and

(3) the staff member submits written evidence of such completion of the course to the Superintendent by January or the last teacher work day of the school year in June.

Requests for reimbursement must be accompanied by the following documents:

This fully completed form

An unofficial transcript (which includes the name of the college / university)

Proof of payment (i.e. copy of canceled check, credit card statement, student loan statement, etc.).

Proof of payment must indicate that tuition was paid by the staff member. Please redact any unnecessary personal / account information.

<u>Name of Course(s) Submitted for Reimbursement</u>	<u>Date Completed</u>	<u>Number of Credits</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Reimbursement Requested \$ \_\_\_\_\_

\_\_\_\_\_  
 Staff Member's Name (Please Print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Staff Member's Signature

Please return this form and supporting documentation to the Superintendent's Office.