



Carlynton School District

COLLEGE TUITION REIMBURSEMENT APPLICATION

Check the category under which you qualify for tuition reimbursement:

- A. The course is in the education area in which the employee is certified.
- B. The course will lead to additional teaching certification.
- C. The course is specifically approved in advance by the Superintendent as being in the interest of the school district.
- D. The course will result in a horizontal move to the next salary level.

TUITION REIMBURSEMENT **OPTION ONE:**

A teacher may receive a rate of reimbursement of up to One Hundred Ten Dollars (\$110) Dollars per credit to a maximum of Six Hundred Sixty (\$660) Dollars a year. This option does not reduce the Twenty-Five Thousand (\$25,000) Dollar retirement incentive provided in Article XVII(C)(4) and paid at retirement.

TUITION REIMBURSEMENT **OPTION TWO:**

A teacher may receive a dollar-per-dollar reimbursement limited to a career maximum of Fifteen Thousand (\$15,000) Dollars while teaching in the school district. Tenured permanent teachers have no annual limit on the use of Option Two reimbursement for eligible tuition. Non-tenured teachers may use up to One Thousand Five Hundred (\$1,500) Dollars a year of Option Two reimbursement for eligible tuition. The Twenty-Five Thousand (\$25,000) Dollar retirement incentive provided in Article XVII(C)(4) and paid at retirement is reduced by the amount of reimbursement paid under this option.

I have read both available Tuition Reimbursement Options, and after careful consideration, am electing the following option: **OPTION 1** **OPTION 2**

Title of Courses Completed:	Description of Course:	# of Credits:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Course began on: _____ Course terminated on: _____

School year requesting payment: _____

Cost of Credit: _____ **Amount of Reimbursement:** _____

Please attach proof of payment and final grade for course and/or letter of satisfactory completion.

Name of college and official to be contacted for clarification, if necessary: _____

Address: _____ Phone: _____

Teacher's Signature _____ Date _____

- Submitted to the Central Administrative Office for Reimbursement
- Copy to Mrs. Rachel Foltz, Junior High Building Representative