

**SOUTHEAST LOCAL SCHOOLS  
TUITION REIMBURSEMENT REQUEST FORM**

**A. INITIAL REQUEST** ~ Fill out the following information before your class starts.  
Then give to your building rep or send to the Association VP.

Name \_\_\_\_\_ Building Assigned \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Area of Study \_\_\_\_\_

Sponsoring Institution / College Name \_\_\_\_\_

Number of Hours \_\_\_\_\_ Cost Per Hour \_\_\_\_\_

Total Amount Requested \_\_\_\_\_

Date Course Starts \_\_\_\_\_ Semester Taken \_\_\_\_\_

*I agree that the above information is correct and that I am in compliance with all the requirements for reimbursement as outlined by the Association and contained in the contract. I hereby submit my initial request for reimbursement.*

Applicant's Signature \_\_\_\_\_

**B. ASSOCIATION ACKNOWLEDGMENT**

Application received by the Association on \_\_\_\_\_

Amount Approved \_\_\_\_\_

Vice President's Signature \_\_\_\_\_

\_\_\_\_\_ Copy made and original sent back to applicant

**C. FINAL REQUEST** ~ To be completed by the applicant after the completion of the course and sent to V.P. along with copy of official transcript with grade received and proof of payment.

**I agree I have fulfilled all the requirements for reimbursement as outlined by the Association and contained in the contract.**

**I hereby submit my final request for reimbursement.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**D. ASSOCIATION ACKNOWLEDGMENT**

Final Amount Approved \_\_\_\_\_ V.P. Signature: \_\_\_\_\_

Copy made and sent to Treasurer on: \_\_\_\_\_

Article XVII – Tuition Reimbursement (as stated in the contract)

- A. The Board will appropriate for each fiscal year \$8,000 – 7/1/01, \$10,000 – 7/1/02 and \$12,000 – 7/1/03 to be paid to teachers for earned college credit or workshops that must be taken in the area(s) in the individual’s certification/license or other matters approved by the LPDC.
- B. The Treasurer will pay any individual’s tuition and/or registration within thirty (30) calendar days of submission of the form signed by the Association President having attached copies of all receipts for expenditures.
- C. Any unused amount in A. in any contract year shall be carried over to the next contract year except in the year of contract expiration when any unused amount shall be retained in the General Fund.

Requirements for Tuition Reimbursement as Determined by the Association

- 1. The teacher shall have taught in the Southeast Local Schools for a minimum of one (1) year.
- 2. The college course must be taken in education as approved by the LPDC committee. Applications must be received before the beginning of the course to be taken, but not more than 30 days before. Applications must have a copy of the teacher’s individual IPDP plan attached to the application.
- 3. Workshops will only be reimbursed for the cost of tuition credit. Furthermore, any course where the teacher is receiving any other type of tuition aid will not be reimbursed.
- 4. The teacher shall submit written proof in the form of an official transcript of completed credit from an institution recognized by the State Department of Education for its accreditation. The teacher must pass and receive credit for the course and have their transcript at that time. The Association must receive the transcript within 30 days of transcript issuance.
- 5. The rate of reimbursement will be the actual rate for the hour: Under no condition will a teacher be reimbursed more per hour than the actual tuition rate.
- 6. A teacher may request reimbursement for up to 1 course a fiscal year.
- 7. When money has been depleted in a given fiscal year, all remaining applications will be returned and a note sent to all staff that the fund has been depleted. There will be no carry-over waiting list.
- 8. The Association will be responsible for making a copy of all requests and keeping them on file with all pre-approvals. However, the original will be returned to the applicant and will be resent to the Association upon completion of the course, with the transcript and proof of payment attached. After this final copy is received, it will be signed and dated by the Association President. A copy will be made and kept on file with all approvals. The original will be sent on to the treasurer’s office to be processed for payment.
- 9. Please direct all Tuition Reimbursement correspondence to SELEA Representative or the Association at the following address:

Southeast Local Education Association  
Tuition Reimbursement  
P.O. Box 161  
Apple Creek, OH 44606