



**UNION PUBLIC SCHOOLS
CERTIFIED PERSONNEL - TUITION REIMBURSEMENT
 APPROVAL APPLICATION**

The following procedures have been adopted to disburse the annual fund negotiated by the UCTA for higher education course reimbursement.

1. The cost will be based on a maximum of up to **\$75 per semester hour for graduate courses** or up to **\$30 per semester hour for undergraduate courses**.
2. A **maximum of six (6) hours course work per certified employee per semester** (i.e., summer, fall, spring) may be reimbursed.
3. **Employees are responsible to:**
 - a. **Submit applications for approval to: Federal Programs by the end of the first week of college classes.**
 - b. **Provide official verification of tuition charges and course grades (i.e., transcript, grade sheet) by:**
November 1 for the summer semester
January 31 for fall semester
May 24 for spring semester
4. **One-time reimbursement will be made to recipients by June 30 of current school year.**

UCTA POLICY #4015

Certified personnel actively employed by the district through June 30 of the current school year who complete graduate level courses in their field of instruction or in college courses related to obtaining additional professional qualifications and who complete such courses and receive a grade which is equivalent to at least a 3.0 or a 4.0 scale, shall be reimbursed a portion of the tuition. Application must be made through Federal Programs. An annual fund of \$20,000 has been established for this purpose. If requests exceed the annual fund, then the district may prorate the reimbursement rate.

APPLICATION

Name _____ Position _____ Site number _____

Semester (please mark one) Summer 2018 _____ Fall 2018 _____ Spring 2019 _____

Course Numbers and Titles (maximum of 6 hours)

Official Use Only- Do Not Fill In

	Course #	Course Title	Hours	Grade	Initial/Date
1.					
2.					
3.					
	OFFICIAL USE ONLY - Total number of hours earned:			Hours	Paid

Purpose (please mark one)

1. ___ Related to field of instruction
2. ___ Necessary to obtain additional professional qualifications
3. ___ Other – Explain: _____

Teacher Signature: _____

Date _____

Home Address: _____

Approval: _____
 Director of Federal Programs

Date _____