

**2018-2019
TUITION REIMBURSEMENT REQUEST
PROFESSIONAL EDUCATOR**

The Oak Creek-Franklin Joint School District will provide tuition reimbursement for successful completion of pre-approved graduate coursework between August 1, 2018 and July 31, 2019 that meets the following criteria: **Tier 1**

- Courses are part of the teacher's master's program in the teacher's content area or are specifically related to the content area subject matter.
- Courses are part of a certified program that specifically addresses reading or math in the content area, special ed, or ELL.
- Tuition reimbursed up to \$500 per credit and up to 6 credits per fiscal year.

Tier 2

- Courses are part of the teacher's master's program in teaching/education.
- Tuition reimbursed up to \$250 per credit and up to 6 credits per fiscal year.

Tier 3

- Courses are tied to teacher's EEP or PDP and do not meet the criteria for Tier 1 or 2
- Courses are designed to improve teacher's skills or expertise in an area that the principal or program supervisor has identified as having value or need for the teacher.
- Tuition reimbursed up to \$150 per credit and up to 6 credits per fiscal year.

Professional staff shall be reimbursed in Sept. 2019 provided they are actively working in the district in 2018-19.

PART 1 – Request for Approval *To be submitted to your building administrator or program supervisor prior to enrolling in course; attach a copy of the course description or syllabus with this request.*

Teacher's Name: _____ Date: _____

Title of Course: _____

Institution offering course: _____

Institution accredited by: _____

Number of Credits: _____ Cost per Credit: _____ Dates of Course: _____

Required course completion date if online: _____

Course meets (*check one*): Tier 1 Tier 2 Tier 3

Explain how the course meets the identified Tier and how it will help improve your professional practice:

Explain how the course will help improve student learning and how that can be measured:

Explain how your taking this course will benefit the school or district and your colleagues:

Approved Not Approved

Reason for Disapproval:

Principal/Supervisor's Signature: _____ Date: _____

PART 2 – PART 2 – Request for Reimbursement *To be submitted, along with a copy of Part 1 approval, to Director of Human Resources upon completion of course and no later than September 6, 2019. Attach copy of receipt from college or university showing payment and attach a copy of the transcript showing successful completion of course.*

Date course was completed: _____ Credits Earned: _____

Total amount of reimbursement requested: _____

Employee's Signature: _____ Date: _____

Director of Human Resources Signature: _____ Date: _____

Amount of reimbursement approved: _____