FM #310 - 05/03

Knappa School District No. 4 Tuition Reimbursement Request

(certificated personnel only)

Article 16, Section B, of the 2000-2004 agreement between the Knappa School District No. 4 and the Knappa Education Association, requires the District to reimburse tuition for graduate credit course work (quarter hours), as follows:

Article 16, Section B - Expenses for Workshops/Tuition

- B. Tuition for graduate credit course work (for which graduate credit is granted) will be paid by the District at a rate not to exceed the state college or university selected by the Association. The institution selected shall not change during the term of the Agreement. Tuition will be prorated for part time. The reimbursement rate of three (3) credits per year is subject to the following conditions:
 - 1. Probationary teachers shall be allowed to accumulate three (3) credits per year of service in the District, to a maximum of nine (9) credits.
 - 2. Contract teachers shall be granted reimbursement of nine (9) credit hours in any three (3) year period. However, if a permanent teacher fails to return to the District, he/she shall be responsible for reimbursing the District for unearned benefits.

To be eligible for tuition reimbursement, the graduate credit must be with prior approval of the Superintendent or designee; the graduate credit course work must be taken at an institution of higher education which is accredited by a regional accreditation agency (e.g., Northwest Association of Secondary Schools and Colleges) and the course work must be successfully completed with a passing grade by the teacher. Evidence of these conditions must be submitted by the teacher prior to reimbursement.

| TO BE COMPLETED BY THE EMP | LOYEE AND F | ORWARDED | TO BUSINESS (| OFFICE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|-------------------------|------------------|
| Employee Name | | Date of Request | | |
| Reimbursement Requested (# of credits) | Se | nd Check to | | (KHS, HLE, Home) |
| Class Term(example: Summer 2003) | at | ame of school a | ttended) | |
| Class Name and # | | | | |
| Attach copies of the following: 1) Receipt listing class and fees 2) Copy of grade report TO BE COMPLETED | DV DICTRICT | DEDCONNET | OFFICE | |
| Is the class on the attached grade report approved gradinstitution of higher education accredited by a regional If the answer to this question is "no," then this request in | uate course wo | ork, within the agency? Yes | e major area of No [| |
| Is employee full (F) or part-time (P)? | 2 years pri | or pric | or cur | rent |
| Is employee probationary (PB) or permanent (PM)? | 2 years pri | or pric | or cur | rent |
| Approval/ Superintendent | | Date | | |
| TO BE COMPLETE | D BY DISTRIC | Γ BUSINESS (| OFFICE | |
| Credits/Term/School Attended/Year Earned | | | | |
| U of O rate (# credits = amount) | (school atter | rate | (# credits = a | mount) |
| Amount approved for reimbursement: \$ | | | AD Annuara | PM Approval |
| Account # 100-2240-0245-003 | | | Ar Approval | BM Approval |