



July 1, 2022 – June 30, 2023

### Tuition Reimbursement Fund Request Form

In accordance with School Board regulation GCBC-R/GDBC-R, employees who receive tuition reimbursement funds are expected to remain employed with MPCS for a minimum of one year following the completion of their course.

Employee will be required to repay any reimbursement provided unless:

- Employment is terminated by MPCS; or
- Employee must withdraw from the program or resign from employment due to a medical disability certified by a physician.

\* Employee understands and agrees that tuition assistance shall be awarded on an annual basis, subject to availability of funds

#### SECTION B – TUITION REIMBURSEMENT

Name: \_\_\_\_\_ School: \_\_\_\_\_

*Prior to approval: Request for Tuition Assistance and National Board Professional Teaching Standards (NBPTS) participate forms, must be complete*

- Continuing education coursework for licensure renewal (includes CPR) or additional endorsements \*- \$200 maximum annually
- Degree programs - \$111 per credit hour \*, \$1,000 maximum annually \*(Semester/Year \_\_\_\_\_)  
*(Program must be pre-approved)*
- National Board Certification - \$1,000 maximum annually  
*(Participation must be pre-approved)*

**\*Attach:** grade report, unofficial transcript, documentation showing successful completion (including date), and receipt showing full payment

**AMOUNT REQUESTED:** \_\_\_\_\_

*My signature below indicates I understand I will remain employed by MPCS for one year or will repay the reimbursement provided to me. I authorize MPCS to withhold from my wages or salary the total of reimbursement provided to me if I voluntarily resign in the 12 month period following the completion of the course.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Return this form with appropriate attachments to: Melinda Deslauriers, Executive Assistant to the Superintendent - Central Office**

**Requests are processed monthly - this form needs to be submitted by the third Friday of each month to be reviewed and approved by the Professional Development Fund committee.**

Professional Development Committee:  
Meeting Date: \_\_\_\_\_

Approval: \_\_\_\_\_  Denied: \_\_\_\_\_

Account Description: \_\_\_\_\_ Budget Line: \_\_\_\_\_

**Internal Use:**

- Tuition Assistance approved: Database: \_\_\_\_\_
- Paid receipt
- Grade Employee Notified: \_\_\_\_\_
- Degreed Program
- Licensure renewal **Actual Cost:** \_\_\_\_\_
- National Board

**Comments:**