

TUITION REIMBURSEMENT FOR SUPPORT PROFESSIONAL STAFF

TUITION REIMBURSEMENT APPLICATION FOR COURSE WORK COMPLETED DURING JULY 1, 2021-JUNE 30, 2022.

Effective July 1, 2006, there will be an allocation based upon the schedule below for tuition reimbursement. Payment will be made for the tuition costs for a course(s) taken pertaining to job responsibilities, not to exceed the cost of the course in any fiscal year according to the amounts allocated as follows:

2019-2020	\$11,000
2020-2021	\$11,000
2021-2022	\$11,000

No one shall receive a payment greater than the cost of their credits. The individual will be reimbursed up to a maximum amount equal to three (3) credits per course with a maximum of six (6) per year. Approval for reimbursement of all courses must be pre-approved by the Superintendent or his designee.

Reimbursement will be made at the Butler County Community College rates unless other wise pre-approved by the Superintendent. Only courses having a “B” grade or better will be reimbursed.

EXAMPLES OF INDIVIDUAL CALCULATIONS BASED UPON 2021-2022 BUTLER COUNTY COMMUNITY COLLEGE TUITION RATE OF \$120 PER CREDIT			
Support Professional Employee	Credits Submitted	x	Reimbursement Per Credit
A	3		\$120
B	6		\$120

The support professional employee must provide the Superintendent with a copy of his or her individual approved Program of Studies at an accredited college or university which includes the required course(s).

To receive payment, the support professional employee must provide the Superintendent with a copy of the fee statement, a copy of the grade report, and proof of enrollment status. An official transcript from the office of the registrar must also be on file in the Superintendent’s Office, and only courses having a grade of “B” or better will be reimbursed.

At a minimum, the institutions from which the credit is received must be accredited and approved by the Superintendent and one which would be acceptable to the Pennsylvania Department of Education.

SUPPORT PROFESSIONAL STAFF

TUITION REIMBURSEMENT APPLICATION FOR COURSE WORK COMPLETED JULY 1, 2021-JUNE 30, 2022

Application and all required documentation, must be submitted
June 1, 2022 through July 15, 2022.

Last Name

First Name

Middle Initial

Requested amount of tuition reimbursement: \$ _____

(Reimbursement will be at the **Butler County Community College** rate of \$120 per credit; Maximum amount is not to exceed the cost of the course(s). Do not include any course fees as these are not reimbursable).

Granting Institution: _____

Number of Applicable Credits: _____

(Maximum amount is not to exceed six (6) credits per fiscal year: **July 1, 2021-June 30, 2022**)

Course Numbers & Title/Description

Start Date

Completion Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

The following documents **MUST** be submitted along with this form for your tuition reimbursement to be processed:

_____ **Official transcript showing grades (A or B required)**: Please send note indicating grade if transcript will be delayed; then send transcript as soon as available. ***Internet/electronic transcripts or copies cannot be accepted. Transcripts may be mailed via U.S. Mail, but must be received no later than July 15, 2022, to:***

Ellen Scott

110 Campus Lane, Butler, PA 16001

_____ **Paid, itemized, course** receipt for credits for which you are applying for reimbursement. Paid receipt should list individually the course name, the amount charged for the course and stating a \$.00 account balance. ***Do not include any course fees as these are not reimbursable.***

Application, and all required documentation, must be submitted to Ellen Scott, Administration Office. Submissions received without all required documentation, with the exception of the transcript if being mailed directly, will be returned to the submitter.

Payment for tuition reimbursement will be submitted for approval at the August 15, 2022 Board of School Director's meeting. Payments for submissions will be processed prior to August 26, 2022.

**BUTLER AREA SCHOOL DISTRICT
TUITION REIMBURSEMENT - REQUEST FOR CHECK**

**MAKE CHECK PAYABLE TO:
(COMPLETE ALL INFORMATION)**

NAME

STREET ADDRESS

CITY

STATE

ZIP

FOR OFFICE USE ONLY:

Budget Item: _____

OK'd by: _____

OK'd by: _____

Check No: _____

Date Paid: _____

COURSE #	COURSE NAME	TOTAL CREDITS	AMOUNT OF REIMBURSEMENT	BUDGET ITEM (OFFICE USE ONLY)
TOTAL AMOUNT OF TUITION REIMBURSEMENT REQUESTED				

CHECK REQUESTED BY (SIGN NAME): _____

DATE OF REQUEST: _____

SEND COMPLETED CHECK REQUEST, ALONG WITH ALL REQUIRED TUITION REIMBURSEMENT DOCUMENTATION, TO: ELLEN SCOTT, ADMIN BLDG.