

N REQUEST FOR TUITION REIMBURSEMENT

Employee Name _____

Date Request Submitted _____

Address _____

Contract Year 9/1 – 8/31	Institution	Course Number & Course Title	# Hours Completed	# Hours to be Reimbursed	Amount Allowed Per Credit Hour	Amount Approved for Course
					\$	\$
					\$	\$

Article XIX, Section J. Tuition Reimbursement

Tuition reimbursement will be made only as specified below:

- a. For course work required by the Board under Article X., Section D.
- b. All bargaining unit members in their third, fourth, or fifth year at Northview with an E/HE rating in the previous year will be reimbursed a maximum of \$1,000 per year for graduate courses, regardless of the number of actual credit hours completed.
- c. All bargaining unit members who are at least in their sixth year at Northview with an E/HE rating in the previous year, and have not reached the MA+30 status will be reimbursed a maximum three (3) semester hours per year for graduate courses. The reimbursement for authorized courses will be for actual tuition costs, not to exceed \$2,000 per year.
- d. All bargaining unit members who are at least in their sixth year at Northview with an E/HE rating in the previous year, and have reached the MA+30 status will be reimbursed a maximum of \$600 per year for graduate courses.
- e. Tuition reimbursement will only be for courses completed during the duration of the association Agreement.

The Superintendent may authorize credit for workshop hours offered through the Kent Intermediate School District or other sponsoring organization when university credit is offered upon payment of tuition provided workshop requirements are the same as the university credit requirements.

No tuition payment shall be in addition to tuition paid under any other grant or scholarship.

To receive tuition reimbursement, evidence of successful completion of the approved courses must be presented to the Superintendent. Each individual requesting tuition reimbursement shall be responsible for reporting any reimbursement from another source.

Amount Approved for Reimbursement: \$ _____
Authorized By: _____
Date Processed: _____
Payroll Date: _____