

WINTHROP PUBLIC SCHOOLS REQUEST FOR COURSE APPROVAL AND REIMBURSEMENT

Submit this request four weeks prior to the start of the course.

NAME: _____ SCHOOL: _____ TODAY'S DATE: _____

COURSE TITLE AND NUMBER: _____

COURSE BEGINS: _____ COURSE ENDS: _____

NUMBER OF CREDIT HOURS: _____ COST PER CREDIT: _____

COLLEGE NAME/ADDRESS: _____

This course must meet at least one of the following criteria (check all that apply):

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Course meets degree requirements when that teacher is actively working toward an advanced degree in education or in the teacher's subject specialty. | <input type="checkbox"/> Course is directly related to a subject being taught or work being done by the teacher. | <input type="checkbox"/> Course is of a general academic nature, such as might be taken in general liberal arts program. | <input type="checkbox"/> Course is for recertification. |
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	Estimated Budget:	2025/26 Maximum	<u>Payment Options (choose one):</u>
TOTAL TUITION	\$ _____	\$1,752 (\$584 per credit)	<input type="checkbox"/> Reimbursement: I will pay and seek reimbursement afterwards. <input type="checkbox"/> Prepayment: I would like the district to pay for the course upfront (must fill out the back of this sheet).
TEXTBOOKS	\$ _____	\$100	
MANDATORY FEES	\$ _____	\$75	
TOTAL	\$ _____	\$1,927	

<u>PRINCIPAL/SUPERVISOR</u>	<u>DIRECTOR OF TEACHING AND LEARNING</u>	<u>SUPERINTENDENT</u>
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended Signature _____ Date _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended Signature _____ Date _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended Signature _____ Date _____

Return to DoTL to complete PO after all approvals are signed to pay/encumber funds then return original form to employee
 9-12 Tuition Account: 1000.0000.2213.52510.990 PK-8 Tuition Account: 1000.0000.2213.52510.950

Teacher action: AFTER COURSE COMPLETION: *(within 30 days of course completion)*

If fees were paid by employee (reimbursement) <ul style="list-style-type: none"> Submit a copy of this approved form (front and back) Attach a copy of grade Attach receipts for materials/course Return to DoTL for reimbursement 	If fees were paid by district (prepayment) <ul style="list-style-type: none"> Submit a copy of this approved form (front and back) Attach a copy of grade Return to DoTL
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If completion of this course makes you eligible for a salary lane change in the upcoming school year, please contact the Superintendent directly prior to the March 1st deadline.

(for office use only: PO# _____ Amt. _____ Reimbursement Amt. _____ Paid ___/___/___)

REQUEST FOR PREPAYMENT OF APPROVED COURSE FEES (Course Fee Reimbursement Payroll Deduction Form)

I agree the following charges of \$_____ will be paid by the Board on my behalf in the form of an educational fee/advancement for any approved educational course pursuant to Article XVI, Course Reimbursement of the existing Collective Bargaining Agreement.

In the event I do not successfully complete the course(s) or provide written verification of successful completion within 90 days from the receipt of the course grade, I shall reimburse the District the amount of payment made on my behalf. Full repayment of the educational loan or advancement shall be made within 30 days of the end of the course if the teacher does not achieve the required grade level or does not complete the course. If the teacher does not make the said repayment, the prepayment of the educational loan or advancement amount shall be deducted from that teacher's next paycheck.

It is also my understanding, should I end my employment with the Board for any reason, I remain liable for the above-mentioned debt and any remaining balance is authorized by me to be deducted in full from my final pay.

Course Title: _____

Number of Credit Hours: _____

Institution: _____

Starting Date: _____ Ending Date: _____

Signed: _____ Date: _____
Teacher

Approved: _____ Date: _____
Superintendent

This form is optional.