

McCall-Donnelly School District #421

Request for Tuition Reimbursement/ Credit Advancement

This form is to be used for certified and classified employees.

Employee Name: _____

College or University: _____

Name of Course:	Credits	Dates
_____	_____	_____

1. The McCall-Donnelly Joint School District will reimburse employees the actual cost of the course, credit and instructor fees, up to \$300 per employee per year for continuing education for the current fiscal year. Reimbursement will be made upon submittal of official transcripts and proof of payment during the current fiscal year, July 1st – June 30th.
2. Staff hired in certified positions who are enrolled in their first state approved Master’s Degree program are eligible for up to \$4,000 reimbursement of course, credit and instructor fees. The Master’s Degree program must be pre-approved by the staff member’s building principal and superintendent, and qualify the district for additional revenue from the state of Idaho.
3. Courses must be directly related to educational assignment and/or professional improvement. For reimbursement, prior approval must be granted by the building principal and Superintendent of schools.
4. A record showing credits earned and a statement showing cost of course must be on file in the District office before reimbursement will be made.
5. By May 1, the certificated employee must notify the District of plans to complete requirements in time for advancement on the salary schedule the next school year. Transcripts or proof of completion must be on file by September 15, in order to advance on the salary schedule for that school year.
6. For credits to apply toward movement on the salary schedule, employees shall submit Form E 5213. Prior approval must be granted by the building principal and the Superintendent.

Applying For: _____ Continuing Education Reimbursement		_____ Master’s Degree Coursework Reimbursement	
_____ Employee’s Signature		_____ Date	

Approved For: _____ Continuing Education Reimbursement		_____ Master’s Degree Coursework Reimbursement	
_____ Principal’s Signature		_____ Date	

Approved For: _____ Continuing Education Reimbursement		_____ Master’s Degree Coursework Reimbursement	
_____ Superintendent’s Signature		_____ Date	