

**HOPKINS PUBLIC SCHOOLS
Hopkins MI 49328**

**TUITION REIMBURSEMENT APPLICATION
2020/2021**

Directions: Effective for post-Bachelor's degree credit earned after July 1, 2020, with a grade of B or better in a graded class or passing in a pass/fail class, a teacher shall be reimbursed the tuition costs incurred by the teacher for graduate credit earned in compliance with the requirements of the current Agreement between the HEA/HPS. The requirements include:

1. In no case shall the tuition reimbursements exceed six (6) semester hours in any 5-year period.
2. Reimbursement shall not exceed four hundred dollars (\$400) per pre-approved post-Bachelor's degree credit hour.
3. Post-Bachelor's degree credits must be of a nature that will contribute to the development of knowledge and skills related to the teacher's assignment or possible future assignment.
4. The Superintendent must approve all credits, in writing, prior to course registration.
5. All credits must be earned through an accredited college or university.
6. The Superintendent shall inform the employee of the disposition of his/her application within 10 (ten) days.
7. It shall be the teacher's responsibility to file the necessary documentation to verify completion of the requirements and receipt of credit prior to reimbursement. **Such documentation shall include verification that the college or university is accredited; proof of tuition costs paid by the teacher; a copy of transcript or grade report.**
8. Per Contract: Hopkins Public Schools will provide a pool amount of \$4,000 per academic year (July through June) for prorated tuition reimbursement. If tuition requests exceed the provided amount, tuition requests will be prorated on a tuition credit hour basis. Request for reimbursement must be made by May 31 and payment will be made on the first pay in July.

Employee Name: _____

Current Assignment (grade level and/or subjects): _____

Undergraduate college or university: _____

Undergraduate Major(s) and minor (s): _____

TUITION REIMBURSEMENT INFORMATION

Course Title: _____ Course ID No. _____

Accredited College or University: _____ Credits: _____

College or University Contact (give name): _____ Phone: _____

Date Course to begin: _____ Expected date of course work completion: _____

NOTE: If the course title is not self explanatory, please provide a brief statement explaining how the course of study is related to the teacher's assignment or possible future assignment.

Teacher signature: _____ Date: _____

Approved by: _____ Date: _____

Denied by: _____ Explanation: _____

For office use:					
Accreditation documentation received:	Y	N	DNA	Approved for reimbursement	Y N
Proof of tuition costs paid by teacher:	Y	N		Approved by:	_____
Copy of Grade Report	Y	N		Date reimbursement paid:	_____
Date Grade Report reviewed and by whom:	_____			Check number:	_____ Total amt. paid: _____