

**REYNOLDS SCHOOL DISTRICT**  
**TUITION REIMBURSEMENT APPLICATION**  
**July 1, 2016 — June 30, 2022**

*Revised: 05/25/2016;  
 02/02/2017, 4/26/2017*

I. Name \_\_\_\_\_ School Year \_\_\_\_\_

II. Assignment \_\_\_\_\_ Building \_\_\_\_\_

Certificate(s) Held \_\_\_\_\_ Degree(s) \_\_\_\_\_

III. REA Article VIII - Education Incentive Plan - Tuition Reimbursement:

- ⇒ Employees with a start date on/after July 1, 2016 with a Bachelor's Degree and Instructional II certification shall receive tuition reimbursement for twenty-five (25) credit hours.
- ⇒ Employees with a start date before July 1, 2016 shall receive tuition reimbursement for credits up to obtaining their MEQ or master's degree or a total of 50 credits, whichever comes first.
- ⇒ Beginning July 1, 2016 and thereafter, the District will reimburse the employee for tuition costs up to a maximum of 50% of the cost per credit based on the cost of a credit at a university within the Pennsylvania State System of Higher Education (PASSHE) during the year the courses taken that the course is taken.
- ⇒ Tuition reimbursement, if applicable, will be made at the end of the month following the month in which the official transcript is received by the business office. The employee must provide a cancelled check, receipt or other proof of payment which indicates the institution, course name, and remittance amount.

IV. **Please complete:** Number of Credits for Tuition Reimbursement \_\_\_\_\_  
College/University/IU \_\_\_\_\_  
Web Site Address for Online Courses: \_\_\_\_\_

IV. Please list the course(s) you expect to take, the credit(s) assigned, and the projected course time period(s).

<u>FULL TITLE OF COURSE</u> <i>(Please be Specific)</i>	<u>CREDIT(S)</u>	<u>PROJECTED TIME PERIOD</u>

Application must be filed **prior** to the beginning of the courses listed above. See the contract between the Reynolds Education Association and the Reynolds School District. An **official** transcript or Intermediate Unit certificate is needed before any payment can be processed.

Date \_\_\_\_\_ \_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_ \_\_\_\_\_  
Business Administrator

Date \_\_\_\_\_ \_\_\_\_\_  
Signature of Superintendent

APPLICATION APPROVED

APPLICATION DISAPPROVED

*The Reynolds School District does not discriminate on the basis of race, sex, color, handicap, creed, age, or national origin in administration of its educational or employment policies.*

**- DO NOT WRITE ON BACK OF FORM; Use New Form if Needed -**