PROCESS FOR TUITION REIMBURSEMENT—TEACHERS

Overview

The District shall allocate $75,000 of local funds per school year for all eligible participants as follows:

25% of the total allocation shall be for reimbursement of summer semester courses;
25% of the total allocation shall be for reimbursement of fall semester courses;
25% of the total allocation shall be for reimbursement of winter semester courses;
25% of the total allocation shall be for reimbursement of spring semester courses;

Reimbursement will be available for credit generating graduate level course work related to PreK-12 education.

Process

- Applicants must be full-time District teachers who are fully certified to teach their current assignment. No courses will be approved that are required for the applicant’s initial full certification.
- Prior approval must be granted by the Senior Director of Human Resources or designee before the applicant enrolls in the course.
- A separate application must be submitted for each course.
- Personal reimbursement form, proof of payment and successful completion of the course must be submitted to Human Resources before reimbursement is made. Successful completion is defined as a grade of “A or B”. “P or S” does not constitute a grade and will not be processed for reimbursement. An electronic transcript will not be accepted; an official unopened transcript should be obtained from the registrar’s office in order to meet the deadline for submitting all paperwork.

Richard L. Gregg, Superintendent

The Christina School District is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, gender (including pregnancy, childbirth and related medical conditions), national origin, citizenship or ancestry, age, disability, marital status, veteran status, genetic information, sexual orientation, or gender identity, against victims of domestic violence, sexual offenses, or stalking, or upon any other categories protected by federal, state, or local law. Inquiries regarding compliance with the above may be directed to the Title IX/Section 504 Coordinator, Christina School District, 600 North Lombard Street, Wilmington, DE 19801; Telephone: (302) 552-2600.
• The reimbursement amount will be calculated by dividing the funding designated for the semester by the number of employees submitting a request for reimbursement for courses during this semester. The reimbursement amount will vary based on the number of employees participating each semester. The initial reimbursement calculation will be done based on one course per employee. If funds remain after this calculation, an additional calculation will be done for a second course. A maximum of six (6) credits will be paid per semester.

• Employee must be a current employee at the time funds are to be dispersed to be eligible for reimbursement.

• Reimbursements are made as direct deposits and are not included in the employee’s paycheck.

• **Deadlines:**

<table>
<thead>
<tr>
<th>Semester</th>
<th>Application for Approval</th>
<th>Reimbursement Documents</th>
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</thead>
<tbody>
<tr>
<td>Summer</td>
<td>5/15/19</td>
<td>9/30/19</td>
</tr>
<tr>
<td>Fall</td>
<td>8/15/19</td>
<td>1/30/20</td>
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<tr>
<td>Winter</td>
<td>12/13/19</td>
<td>3/16/20</td>
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<tr>
<td>Spring</td>
<td>1/10/20</td>
<td>6/8/20</td>
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</tbody>
</table>

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TUITION REIMBURSEMENT REQUEST
(MUST BE COMPLETED IN ITS ENTIRETY)

Term: □ Fall □ Winter □ Spring □ Summer

Employee Name: ___________________________ Employee ID ___________________________

Vendor Identification Number (if known): ________________ Current School/ ________________

Current Teaching Assignment/Subject: ____________________________

Delaware Certification: Subject(s) ____________________________

College/University: ___________________________________________

Beginning Date of Course: ___________________________ End Date of Course: ___________________________

Course Number: ___________________________ Credits: ___________ Grade: ___________________________

Course Title: ___________________________________________

Degree Program: ___________________________ Cost of Course: ___________________________

To be completed by Human Resources only:

Pre-Approval: ___________________________ Date: ___________________________

THE FOLLOWING INFORMATION MUST BE INCLUDED WHEN SUBMITTING THIS REQUEST TO BUSINESS SERVICES:

☐ Transcript (Received officially by Human Resources)

☐ College Receipt showing the course and the cost of the course.

☐ Personal Reimbursement Form