PROCESS FOR TUITION REIMBURSEMENT—PARAPROFESSIONAL

Overview

The District shall allocate $15,000 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 course work related to PreK-12 education.

Process

- Applicants must be full-time District Paraprofessionals.
- 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. A transcript should be obtained from the registrar’s office in order to meet the deadline for submitting all paperwork.
- 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 may 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.

- It is important to login to Delaware Employee Vendor First State Financials (FSF) to create OR modify your DE Employee Vendor Number as needed. Christina School District employees are considered suppliers when it pertains to submitting for reimbursements through FSF. **If at any time you change your name, address, or bank account, you must return to the link below to update your information.**
  
  - To apply/edit your State of Delaware eSupplier vendor identification number please go to: [https://accounting.delaware.gov/suppliers/](https://accounting.delaware.gov/suppliers/)
  
  - For further information or specific questions, please contact [FSF_Supplier_Maintenance@delaware.gov](mailto:FSF_Supplier_Maintenance@delaware.gov) or by phone at (302) 526-5600 opt 1.

- **Deadlines are as follows:**

<table>
<thead>
<tr>
<th>Semester</th>
<th>Application/Request for Approval</th>
<th>*Reimbursement Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
<td>5/26/23</td>
<td>9/26/23</td>
</tr>
<tr>
<td>Fall</td>
<td>8/29/23</td>
<td>1/29/24</td>
</tr>
<tr>
<td>Winter</td>
<td>12/19/23</td>
<td>3/19/24</td>
</tr>
<tr>
<td>Spring</td>
<td>1/26/24</td>
<td>6/11/24</td>
</tr>
</tbody>
</table>

*Itemized Billing Statement, Grade(s)/Unofficial Transcript(s); to include the name of the educational institution, student and date.
TUITION REIMBURSEMENT APPLICATION/REQUEST
(MUST BE COMPLETED IN ITS ENTIRETY)

Please select: ☐ Teacher ☐ Paraprofessional

Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Date: ____________________________

Employee Name: ____________________________ Employee ID ____________________________

Vendor Identification Number (if known): ____________________________ Current School ____________________________

Current Assignment: ____________________________

College/University: ____________________________

Beginning Date of Course: ____________________________ End Date of Course: ____________________________

Course Number: ____________________________ Credits: ____________________________

Course Title: ____________________________

Degree Program: ____________________________ Cost of Course: ____________________________

To be completed by Human Resources only:

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