NORTH POINT EDUCATIONAL SERVICE CENTER
REQUEST FOR COURSE/SEMINAR REIMBURSEMENT

0005-06

Name of Applicant::_____ Date Submitted: _____

Address: _____ City, State, Zip: _____ Phone: _____

Building Assignment: _____ Assignment: _____

Area(s) of Licensure: _____

GUIDELINES FOR TUITION/SEMINAR REIMBURSEMENT

- Applicant must be a full-time employee.
- Applicant must successfully complete the course/seminar to qualify for reimbursement. "Successfully complete" is defined as a "B" or better as a final grade for coursework. Courses taken on a "pass/fail" basis do not qualify for reimbursement. Reimbursement for a seminar will require a certificate of completion.
- Reimbursement will be made for seminars, undergraduate and graduate courses which fall into one or more of the following categories: (a) course directly related to the employee's work assignment; (b) course related to area listed on the individual's license; (c) seminar required to maintain a Therapy license; (d) coursework/seminar approved by Superintendent.
- Prior approval for reimbursement from the Superintendent must be received before the course/seminar begins.
- Maximum reimbursement for coursework will be two thousand dollars ($2,000) per fiscal year. Maximum reimbursement for seminar attendance to maintain license will be two hundred and fifty dollars ($250) per seminar, five hundred dollars ($500) per fiscal year. Additional coursework or additional seminar attendance will not be reimbursed nor carried over the next fiscal year
- Reimbursement shall be prorated if the number of applications exceeds the money set aside for reimbursement.
- Upon completion of a course, the applicant must forward a copy of the official transcript and an itemized tuition receipt to the Treasurer's Office by June 20. Upon completion of a seminar to maintain license, the applicant must forward a certificate of completion and a receipt of payment to the Treasurer's office by June 20.
- Only full-time employees returning for the next school year will be eligible for reimbursement.
- Payment will be made in October.

COURSEWORK/SEMINAR

Course/Seminar Name	Course Number	First/Last Day	Hours (indicate qtr/sem.) (CEU's, Contact Hours)	Course/Seminar Cost	College/University/ Place of Seminar
_____	_____	_____	_____	_____	_____

Above Course is:
_____ directly related to teaching assignment
_____ related to area of licensure
_____ needed to maintain license
_____ other, explain: _____

My signature certifies that this request is within the guidelines set in board policy. I understand that inaccurate information and/or failure to adhere to NPESC guidelines will result in denial of tuition/seminar reimbursement.

_____
Signature Date

_____ ❑ Approved ❑ Disapproved
Assistant Superintendent's Signature Date

_____ ❑ Approved ❑ Disapproved
Superintendent's Signature Date

(After you complete the information requested, please submit this form to the Regional Director)

(OFFICE USE ONLY)

Date Received: _____ Amount of Payment: _____

_____ _____
Treasurer's Office Signature Date Superintendent's Signature Date