

**TUITION REIMBURSEMENT for TEACHERS
2023-2024**

Name _____ Employee ID _____ Date _____

Home Address _____ City _____ Zip _____ School _____

PLEASE CHECK ONE BOX ONLY

1. ____ I am currently working towards a degree or endorsement. I am requesting the district reimbursement rate of \$100 per credit, for a maximum request of \$1000 (10 quarter credits).

Total Credits: _____

PLEASE CHECK ONE: Quarter: _____ **OR** Semester: _____

2. ____ I am currently working on retraining and/or recertifying due to declining enrollment in my department. I am requesting the district reimbursement rate of \$100 per credit, for a maximum request of \$1000 (10 quarter credits).

Total Credits: _____

PLEASE CHECK ONE: Quarter: _____ **OR** Semester: _____

3. ____ I am teaching in an assignment outside of my major field of endorsement and am requesting the district reimbursement rate of \$100 per credit, for a maximum request of \$1000 (10 quarter credits).

Total Credits: _____

PLEASE CHECK ONE: Quarter: _____ **OR** Semester: _____

4. ____ I am working to maintain my certification by taking college credit (this can be in combination with an accredited Master's Degree program). My certificate indicates I need to earn clock hours every 5 years. I am requesting the district reimbursement rate of \$100 per credit, for a maximum request of \$1000 (10 quarter credits).

Total Credits: _____

PLEASE CHECK ONE: Quarter: _____ **OR** Semester: _____

5. ____ I am currently pursuing my National Board Certification. I am requesting the district reimbursement rate of \$100 per credit, up to a maximum request of \$1000 (10 quarter credits).

Total Credits: _____

PLEASE CHECK ONE: Quarter: _____ **OR** Semester: _____

6. ____ I am requesting reimbursement for the cost of **one** West E test annually.

Total Cost: _____

Please Print and Attach:

- A. Paid receipt(s) during the current school year **after** June 1.
- B. Copy of course titles and number of credits per course (no clock hours)
- C. **If you checked #4**, log onto your profile on OSPI to view your certification information, which will include the expiration. Please print and attach.

You will be reimbursed in **one** installment that is due **ON** or **BEFORE June 1, 2024.**

Send to **Jolene Carlson in the Curriculum Dept.** Tuition reimbursement is on a first-come, first-served basis.