DESCRIPTOR TERM:

Certified Staff

District 370 Policy
File Code: 5.75

Tuition Reimbursement

	1995	4-10-95
Amended & Adopted	1996	6-17-96
Amended & Adopted	2006	03-13-06
Amended & Adopted	2006	08-14-06
Amended & Adopted	2008	05-12-08
Amended & Adopted	2011	09-12-11
Amended & Adopted	2024	06-10-24
Amended	2026	

Certified staff will be reimbursed at a rate of 80% for approved and earned credits. Certified staff will be reimbursed at a rate of 90% for credits earned for endorsements in areas deemed as critical need by the Board of Trustees.

1. Request for Credit Approval form must be filled out and approved by the superintendent ***prior*** to registration for class.
2. A maximum of six semester credits will be reimbursed each year. The year will run from July payroll through June payroll.
3. Complete applications for reimbursement received after June 10 will be paid to active employees no sooner than August payroll.
4. Credits must be in a course that directly relates to the staff member's current teaching or coaching assignment with the Homedale School District, as determined by the superintendent.
5. Credits must be specifically tied to content areas and/or an area of other endorsement as determined by the superintendent; or
6. Credits must be specific to pedagogical best practices or for administrative/teacher leadership as determined by the superintendent; or
7. Credits must be tied to a specific area of need designated by the superintendent.
8. Complete applications for reimbursement must be received within twelve (12) months of credit being conferred.

~~8.~~9.ABCTE Route applicants are eligible for 80% reimbursement so as long as passing test scores are submitted with packet for reimbursement.

The following is needed for reimbursement:

1. Copy of receipt/canceled check verifying payment of fees for class
2. Copy of transcripts/grade report for class
3. Completed Request for Credit Approval/Request for Tuition Reimbursement form

~~3.~~4.ABCTE Route applicants attach copy of passing scores

Homedale Jt. School District No. 370

CERTIFIED STAFF -- REQUEST FOR CREDIT APPROVAL

(This section must be completed **prior** to registration for class)

Employee's Name _____ Date _____
(Please Print)

Course Code #/Description: _____

_____

Check All That Apply:

☐ These credits are tied specifically to content areas that I teach or to an endorsement I am adding. Explain: _____

_____

☐ These credits are specific to pedagogical best practices or for administration/teacher leadership. Explain: _____

_____

☐ These credits are tied to a specific area of need designated by district administration. Explain:

_____

_____

College _____ _____
Fall, Win, Spr, Sum Semester/Quarter

ABCTE ☐

_____
Program/Subject

# of Semester/Quarter Credits _____ Tuition Cost $_____

Approved ☐ Denied ☐

_____ _____
Superintendent's Signature Date

Do Not Cut -- Submit Entire Form

REQUEST FOR TUITION REIMBURSEMENT

(This section to be filled out upon completion of class)

I have completed the above approved class during the _____ semester/quarter
Fall, Winter, Spring, Summer

at _____. Please reimburse me for _____ semester/quarter
College

credits. The cost of the tuition was $_____.

_____ _____
Employee's Signature Date

The following steps must be completed prior to receiving payment from the district.

1. Copy of receipt/canceled check verifying payment of fees for class
2. Copy of transcripts/grade report/ABCTE Test Scores for class
3. Completed Request for Credit Approval/Request for Tuition Reimbursement form