MEMORANDUM OF AGREEMENT

TUITION ASSISTANCE

Annually, the District identifies areas of licensure that constitute "critical needs" or "difficult to fill" positions. To fill these positions, the District will provide tuition assistance to current teaching staff who are willing to secure the necessary ISBE endorsement to fill these positions. The conditions under which this assistance will be provided are as follows:

1. The District administration shall determine eligibility criteria for such assistance and select the teacher participants.
2. The program leading to the desired endorsement must be completed within five (5) consecutive years from the start of the selected teachers' program participation. Failure to complete the program within this 5-year time span will require the teacher to forfeit any salary increase attributable to the coursework for which the tuition payment was made by the District. Additionally, the teacher will be required to reimburse the District for **both** any salary increase already received as a result of the coursework completed and reimburse the District for the tuition paid on behalf of the teacher for the uncompleted program.
3. To be eligible for the tuition payment, the teacher must return to District employment the year following the tuition payment(s) and remain employed by the District for at least three (3) years thereafter. This service requirement will apply to each tuition payment by the District on behalf of the teacher (i.e. the service requirement restarts with each tuition payment made by the District). This service requirement will not apply to any teacher involuntarily terminated due to a reduction-in-force, non-renewal of employment, or dismissal for cause.
4. The teacher will be solely responsible for the income tax implications, if any, resulting from participation in this program.

JOLIET TOWNSHIP HIGH SCHOOLS
COUNCIL 204, AFT LOCAL 604

_____

PRESIDENT

_____

DATE

BOARD OF EDUCATION OF
JOLIET TOWNSHIP HIGH
SCHOOLS DISTRICT 204
WILL COUNTY, ILLINOIS

_____

PRESIDENT

_____

DATE