

---

DESCRIPTOR TERM:

District 370 Policy  
File Code: 6.75

Classified Staff

---

Tuition Reimbursement	2002	7-11-02
Amended & Adopted	2004	7-12-04
Amended & Adopted	2006	03-13-06
Amended & Adopted	2006	08-14-06
Amended & Adopted	2008	05-12-08
Amended & Adopted	2024	

---

Non-temporary, full-time classified staff (20 or more hours per week) will be reimbursed at the rate of 80% per semester hour for approved post-secondary credits earned in pursuit of a teachers credential.

The following guidelines will govern this reimbursement:

- ~~1. The maximum amount of reimbursement will be based on the highest credit cost of the three local colleges and universities (Boise State University, Northwest Nazarene University, and The College of Idaho), up to a maximum reimbursement of \$320 per semester credit (\$360 for credits earned toward endorsements in areas deemed as critical need).~~
- ~~2.~~1. The employee must provide proof of acceptance into an approved plan of study leading to a teachers credential.
- ~~3.~~2. The credits for which the employee is seeking reimbursement must be part of an approved study plan leading to a teachers credential.
- ~~4.~~3. Credits must be pre-approved, in writing, by the superintendent **prior** to the beginning of the course by completing a Request for Credit Approval form.
- ~~5.~~4. Complete applications for reimbursement received after ~~March 1~~June 10 will be paid to active employees no sooner than August payroll.
- ~~6.~~5. Each classified employee will be reimbursed up to a maximum of 6 (six) semester credit hours per year. The year will run from July payroll through June payroll.
- ~~7.~~6. Complete applications for reimbursement must be received within twelve (12) months of credit being conferred.

The following must be submitted upon completion of a course:

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

# Homedale Jt. School District No. 370

Owyhee and Canyon Counties

116 EAST OWYHEE AVE. • HOMEDALE, ID 83628-3227

Telephone: (208) 337-4611 Fax: (208) 337-4911

## REQUEST FOR CREDIT APPROVAL

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

Employee's Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Course Code#/Description: \_\_\_\_\_

\_\_\_\_\_

How is this course related to your current assignment at Homedale School District? \_\_\_\_\_

\_\_\_\_\_

College \_\_\_\_\_  
Fall, Win, Spr, Sum Semester

# 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 at \_\_\_\_\_  
Fall, Win, Spr, Sum  
Please reimburse me for \_\_\_\_\_

\_\_\_\_\_ College  
semester/quarter hours. 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 for class
3. Completed Request for Credit Approval/Request for Tuition Reimbursement form