

PICKAWAY COUNTY EDUCATIONAL SERVICE CENTER

2050 STONERIDGE DRIVE, CIRCLEVILLE, OH 43113

PHONE: 740-474-7529 FAX: 740-474-7251

COLLEGE TUITION REIMBURSEMENT

Full-time professional staff members are eligible for college tuition reimbursement at the rate of \$250 per semester hour for any education course needed for staff development for certification. (If the cost for the class is less than that amount, then the lesser amount will be paid). The course work has to be approved by the LPDC committee and /or superintendent at least two weeks prior to enrollment in the class.

A maximum of six semester hours can be reimbursed during any one school year. The school year runs September 1 to August 31. In order to receive payment, the employee must return to his/her position the following school year. Payments will be made on September 30 of the following school year upon proof that the fees have been paid and a grade no lower than a B has been achieved.

The Governing board has placed a maximum of \$3,000 that can be paid out each year. If requests for payments in any one year exceed the \$3,000 limit, the amount paid per semester hour will be pro-rated accordingly.

***Before approval for reimbursement can be made, a **copy of grades and proof of payment** for the class must be submitted to the superintendent. Complete transcripts must be in the Superintendent's office to support movement to the next level on the salary schedule.

Employee Name _____ Title _____

College Course Name _____ Course Number _____

College Course Location _____

College Course Dates _____

Will you be absent from work while taking this course? ___ Yes ___ No

If yes, please submit personal or vacation day request form along with this document.

Course Credit To Be Earned - #Semester Hours _____

Fee For Taking The Course _____

___ LPDC Committee Approved

___ LPDC Committee Disapproved – Reasoned Disapproved _____

Signature of LPDC Committee Chairperson/ ESC Superintendent/ Date

___ Superintendent Approved

___ Superintendent Disapproved – Reason Disapproved _____

Reimbursement Approval Amount \$ _____

Signature of Superintendent/ Date