

Switzerland of Ohio Local School District SOEA Annual Tuition Reimbursement Application



Deadlines for submission:

Bargaining unit members qualifying for tuition reimbursement will be processed in the order in they are received starting on the first scheduled work day of each school year and will be paid on the first regular pay period of September. Once the Twenty Thousand Dollar (\$20,000) limit is reached, there will not be any further request for reimbursement accepted.

The Switzerland of Ohio LSD requests this information for the purpose of processing your request in accordance with the SOEA Negotiated Contract ARTICLE 16-COMPENSATION; Section K: Tuition Reimbursement. If you do not provide the required information, the Office may be unable to process your request in the order that it was received. Please complete all items on the application and submit to solsdhr@swissohio.k12.oh.us

Section I -- Employee Information

Name: _____ Date Submitted: _____
 Campus Email: _____
 Current Position Assignment: _____ Current License Number _____

I am employed as a: Teacher Nurse Speech Language Pathologist by the following Campus:
 BES/BHS WES Skyvue RES/RHS PES MCHS SHCC

Section II -- Reimbursement Request/Approval

The Academic Year runs JULY 1 -- JUNE 30

Current Student Program Status: Graduate Undergraduate Continuing Education
 Are you requesting reimbursement for work to be taken outside your field of certification? YES NO
 Institution through which you are enrolled: _____
 Major/Certification: _____

	Course Title	Course #	Pre-Approval Signature
1			<input type="checkbox"/> Approve <input type="checkbox"/> Deny
2			<input type="checkbox"/> Approve <input type="checkbox"/> Deny
3			<input type="checkbox"/> Approve <input type="checkbox"/> Deny
TOTAL NUMBER OF COURSES APPROVED			
*No more than 3 courses per year may be reimbursed.			

Undergraduate coursework and CEUs may be eligible for reimbursement under this provision, but must be required to maintain or upgrade a current certificate or meet a curricular need as determined by the Superintendent.

Describe how the coursework/CEUs relates to your SOLSD position duties and/or requirements.

Section III – Employee Certification

To be eligible for this reimbursement benefit, an approved bargaining unit member must:

- 1) return as employee of Switzerland of Ohio Local School District for one hundred eighty-one (181) days of service following completion of the course;
- 2) certify that the requested coursework is not reimbursed by another agency and be to eligible to receive this stipend;

I certify that I have met all the SOEA Negotiated Contract ARTICLE 16-COMPENSATION; Section K: Tuition Reimbursement eligibility, funding, and program requirements.

_____ (Signature of Applicant) _____ (Date)

Section IV – Superintendent's Approval

I certify the above coursework relates to: 1) the staff member's SOLSD position duties; 2) and/or requirements leading to the development of skills and/or knowledge needed by the District. Check one of the following:

- I Approve
 I Deny Reason(s) for Denial: _____

_____ (Signature of Superintendent or Designee) _____ (Date)

Official transcripts showing the number of hours earned with a fee receipt attached must be provided for reimbursement. Please have the learning institution mail them directly to the Central Office. Switzerland of Ohio LSD c/o Human Resources; 304 Mill Street; Woodfield, OH 43793

For Office Use:

Previously Approved Payment:

	Course #	\$ AMOUNT	Date PAID
<input type="checkbox"/> 1			
<input type="checkbox"/> 2			
<input type="checkbox"/> 3			
TOTAL NUMBER OF COURSES TO PAY ___ of <u>3</u>		TOTAL	
<small>\$200.00 per course with a maximum payout of \$600.00 a year for graduate credit achieved toward the teacher's area of certification or Master's plus.</small>			

Applicant has provided the following:

- YES NO N/A Written APPROVAL received for graduate work "outside the field of certification" request.
 Date Received _____ YES NO COPY of Approval in personnel file.
- YES NO N/A PRE-APPROVAL Received for undergraduate coursework and/or CEUs.
 Date Received _____ YES NO COPY of Approval in personnel file.
- YES NO Notification received of completion of registration for coursework.
 Date Received _____ YES NO Logged into Personnel Database.
- YES NO Coursework completed during the year (1 JULY – 30 JUNE).
- YES NO Official Transcripts received. Date _____ YES NO Filed in personnel file.
- YES NO Fee Receipt received. Date _____ YES NO Filed in personnel file.