

NON- PROFIT PRIVATE SCHOOLS

TUITION REIMBURSEMENT AGREEMENT

School: _____ Grade Level/Subject: _____

Employee's Name: _____ Title: _____

I understand the requirements for tuition reimbursement and agree to the following:

1. TUITION REIMBURSEMENT

The District may reimburse the private school teacher or administrator up to a maximum of \$8,500 for the _____ school year, for university or college coursework that enables the employee to meet the provisions of ESSA. Any amount greater than the maximum stated above is the sole responsibility of the teacher or administrator. To request funding provide a copy of the course description along with Form A and B. To obtain reimbursement, coursework must be completed by the end of the _____ school year. Tuition will be reimbursed after the course has been completed.

2. ELIGIBILITY

Teachers who teach in the following core subject areas: English, Reading/ Language Arts, Mathematics, Science, Civics, and Government, Economics, Arts, Foreign Language, History, Geography, and Self Contained/ Elementary Multiple Subjects as well as those pursuing the a California State Teaching Credential and administrators working on leadership development.

3. VERIFICATION OF COURSEWORK

After course has been ended, the District requires proof of course completion in the form of an official or unofficial transcript, grade report, to verify course completion. The candidate must receive a passing grade of C or better. CR is accepted for Credit only classes. To receive reimbursement submit Form C with original receipts for books, registration fees, and a financial statement or receipt showing a zero balance for tuition payment. Credit card statements, cancelled checks or copies of checks are not acceptable proofs of payment. *The District does not reimburse for mileage, parking, or transcripts.*

Employee's Signature: _____ Date: _____

Principal's Name: _____

Principal's Signature: _____ Date: _____

For District office use only:

Approved by District _____ Date: _____

PASADENA UNIFIED SCHOOL DISTRICT
NON-PROFIT PRIVATE SCHOOLS

REQUEST FOR GRADUATE COURSEWORK

Quarter/Semester _____

Attendee information:

Teacher/ Administrator Name: _____

School of employment: _____ Date: _____

Subject/Grade/ taught or Administrative Assignment: _____

Contact person at the Private school (NOT THE UNIVERSITY):

Name: _____

Phone: _____ Fax: _____ Email: _____

Course Information/Attach course description

Name of institution attending graduate school: _____

Degree /Objective: _____

Name of course/number: _____

Dates of attendance: _____

Tuition Cost: _____ Est. Materials/Book Cost: _____

Registration: _____ Total: _____

Number of Units/Credits: _____

Employee's Signature: _____ Date _____

Private School Administrator Signature: _____ Date: _____

For District office use only:

Approved by District _____ Date: _____

PASADENA UNIFIED SCHOOL DISTRICT
NON- PROFIT PRIVATE SCHOOLS
REIMBURSEMENT FORM

Quarter/Semester _____

Teacher Name: _____

School of employment: _____

Name of Institution: _____

Social Security Number: _____

Mailing Address: _____

List cost of reimbursable expenditures (please list the actual cost):

Book fees Receipt Total: \$ _____

Registration fee Receipt Total: \$ _____

Tuition fees Receipt Total: \$ _____

TOTAL: \$ _____

The District does not reimburse for mileage, parking fees or transcript fee. The District may reimburse the private school teacher up to a maximum of \$8,500 for the _____ school year. Any amount greater than the maximum stated above is the sole responsibility of the teacher or administrator.

To receive reimbursement for the items listed above submit original receipts for tuition, books, registration fees, and an unofficial transcript or official transcript (sealed or unsealed) verifying completion of course with a passing grade of C or better, or CR for credit or no credit coursework. **Credit card statements, cancelled checks or copies of checks are not acceptable proofs of payment.** The school will send this reimbursement form and supporting documents to: PUSD Special Projects, State and Federal Programs, 351 S. Hudson Ave. Room 212. Pasadena, CA 91109. Deadline is May 30th of the year.

Employee's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

For District office use only:

Approved by District _____ Date: _____