



Irvington Public Schools

TUITION REIMBURSEMENT REQUEST FORM

Notice: This form can only be submitted upon successful completion of pre-approved coursework. Please complete the entire form, as stated below, and submit supporting documentation. Failure to submit a completed form will result in automatic rejection. This form should be submitted to the Assistant Superintendent for Curriculum and Instruction. You will be notified by e-mail of the approval/rejection status of your application for Tuition Reimbursement.

Notice FOR MEMBERS OF THE IEA - Teachers ONLY):

Important changes to Article XXIV - In-Service Workshop/Tuition Reimbursement.

- *Effective 07/1/2017, the total annual Tuition Reimbursement amount has been increased to \$150,000.00*
- *Eligibility for Tuition Reimbursement has increased up to the amount of \$4,500.00 per year*
- *Submit request for reimbursement within (4) four weeks of completion for the course.*
- *June 15th will be the last day for accepting reimbursement applications.*
- *The signature below indicates that the employee agrees to remain employed with the Irvington School District for (1) one year after completion of the course(s) approved below for payment by the District. Teachers who leave the district within (1) one year after the completion of the course(s) approved below for payment shall reimburse the district 100% of the payment issued by District.*

Employee Name: _____ Title: _____

Grade/Subject: _____ School/Location: _____ Email: _____

Permanent Address: _____

Was this coursework pre-approved? _____ Yes _____ No (**attach a copy of the Pre-Approval Form**)

YOU MUST ATTACH THE FOLLOWING DOCUMENTS TO THIS REQUEST:

1. SCHOOL ISSUED TRANSCRIPT (PROOF OF COURSE COMPLETION)

2. SCHOOL ISSUED BILL (PROOF OF PAYMENT)

Course Name and Number	Pre-approval Date	Credits Earned	Cost Per Credit	Grade Earned

I hereby certify that this application is complete and accurate and the course(s) included above have been pre-approved. I understand a failure to provide the information requested herein or to abide by the collective bargaining agreement will result in automatic rejection of this application.

Employee Signature and Date

Principal/Supervisor Signature

Date

CENTRAL OFFICE USE ONLY

Date Received: _____ Reimbursement: Approved _____ Not Approved _____

Reason for NOT Approving: _____

Signature:

Date:

Assistant Superintendent for Curriculum