

PROFESSIONAL EMPLOYEE TUITION ASSISTANCE FORM

Professional school staff who want a portion of a college level course in a pre-approved add-on endorsement in a critical need area, a college level course toward recertification, or a graduate level course in a Master's degree program funded by the school system must complete this form and submit the form to the Assistant Superintendent in order to receive prior written approval before the beginning of the course.

Employees who resign or are terminated by the school division prior to reimbursement will not receive payment. Employees who receive reimbursement from the Tuition Reimbursement Program shall agree to work for King George County Public Schools for one school calendar year after receipt of the assistance. If the employee does not return to honor the commitment or is terminated by the school division within the one school calendar year after receiving the tuition reimbursement, he or she is obligated to reimburse King George County Schools for the amount paid from the Tuition Reimbursement Program.

At the end of the course the employee must submit a transcript/grade report to the Assistant Superintendent for reimbursement. Textbooks are not reimbursable.

Name: _____ Date: _____
 School: PES KGES KGMS KGHS SES SBO
 Position: _____
 (Circle One)
 License Held: _____ Endorsement: _____
 Course Name and Number: _____
 College or University: _____
 Location of Class: _____
 Start Date of Class: _____ Credit Hours: _____ Tuition Charge: _____

I wish to apply for tuition assistance in the amount of \$ _____ for the above named course. I am enrolling in this course (check the appropriate statement below):
 _____ Leading to a Master's degree.
 _____ Leading to an add-on endorsement in a critical need area.
 _____ Leading toward recertification.

_____ Signature of Applicant	_____ Date
_____ Signature of Principal/Supervisor	_____ Date

For Central Office Use Only

_____ is approved for \$ _____ tuition assistance to take _____.

_____ Assistant Superintendent Signature	_____ Date
Finance Code: _____	Request#: _____