

LANCASTERCOUNTY PUBLIC SCHOOLS TUITION ASSISTANCE PROGRAM

The Lancaster County School Board understands the need to provide financial assistance to its full-time instructional employees to continue their education. Lancaster County Public Schools has limited state and federal funds available to provide tuition assistance to instructional personnel. The Board desires to pay seventy percent of the cost of tuition for up to one course per semester for Level II employees. Level I employees may, with approval, enroll in more than one course per semester. Based on the number of applicants and the availability of revenue a smaller percent may be reimbursed to the employee.

Eligibility

All instructional personnel are eligible to apply to receive tuition assistance.

Priority

Level I

While all instructional personnel may apply to receive tuition assistance, priority will be given to those personnel taking courses to become highly qualified for the position in which they are assigned. This includes personnel from the following categories:

1. Teachers who hold a provisional or conditional license and are taking courses toward initial full licensure in their assigned teaching area
2. Paraprofessionals seeking to take courses leading to a teaching license - Priority may be given to paraprofessionals seeking a license in a needed area for the school system.

Available funds will be allotted to personnel in these two categories on a first-come, first-serve basis at the end of the school year.

Level II

Any remaining funds will be allotted to personnel taking courses for other purposes, such as recertification, adding an endorsement, earning a higher degree, or for professional growth. Remaining funds will also be allotted on a first-come, first-serve basis at the end of the school year. At this level, there is a limit of one course per person, per semester, or no more than three (3) courses, with prior approval, within three consecutive semesters within one school year.

Application Process

An application to take the course and for tuition assistance must be completed and submitted to the Assistant Superintendent at the Central Office. Applications must be received by August 1 for courses to be taken during the fall semester, by December 1 for courses to be taken during the winter semester, and by April 1 for courses to be taken during the summer.

Approval Process

The Federal Programs Director over Title II funds will process each application. Applicants approved for tuition assistance will be notified by way of receipt of a signed copy of the approved Tuition Assistance Agreement. This agreement will be sent to the applicant bearing the Superintendent or designee's signature. Approval for tuition assistance will be first granted to employees who are working to meet the highly qualified requirements as defined by the No Child Left Behind Act of 2001.

Payment Process

Applicants are to submit their required paperwork. (Forms are available on website.) Reimbursements will be made after the summer, 1st and 2nd semester courses. They must submit proof of a "C" or better grade, receipt of payment for the course, and will be reimbursed according to their level and first-come, first-served rank. Payment will be for a maximum of 70% and is contingent on the availability of funds in the approved budget.

Adopted: November 14, 2005

Revised: October 13, 2008

Course Approval, Tuition Assistance Agreement, Reimbursement Request
(refer to Policy GCBCA)

Employee Name: _____

Title of Course: _____ (attach description of course)

Course Number: _____ College Credits: _____ Non-College Credit: _____

Name of Institution: _____ Cost: _____

Dates of Course: _____

Purpose (circle) License Requirement / License Renewal / Additional Endorsement

Tuition assistance requested: yes or no

Employee signature: _____ Date: _____

Course approval: yes or no _____ Date: _____

Lancaster County Licensure Contact

Tuition assistance if funds are available: yes/no/NA _____

Funding Source Supervisor Date

I understand reimbursement up to 70% is contingent on availability of funds and a grade of C or better. A maximum of three courses per year (July 1- June 30) will be considered for reimbursement. If tuition assistance is granted I understand I am committed to Lancaster County Public Schools for one full year of service for each year of assistance. I agree to repay the School Board all sums paid in the event I fail to return to work or cease working for the school system during next school year. The three items listed below must be received by June 1 to process the request for reimbursement. Attach documentation to this form after completion of the course and send to the Assistant Superintendent at Lancaster County School Board Office.

Central Office Use Only:

_____ Documentation from college/university on cost of course

_____ Copy of unofficial or official transcript indicating grade of C or better. Official transcript must be requested for personnel file.

_____ Proof of payment by employee (cancelled check, credit card bill, etc.)

Total of Tuition Assistance: _____

Funding Source: _____

Funding Approved by: _____

Date: _____

(Form updated 6/18/14)

Tuition Assistance Agreement

THIS AGREEMENT made this _____ day of _____, 20__ by and between the School Board of Lancaster County (thereafter "School Board") and _____ (thereafter "Employee")

WHEREAS, the School Board has employed Employee and

WHEREAS, Employee desires to have the School Board pay a portion of the expenses incurred in taking additional courses.

NOW, THEREFORE, in consideration of the premises and the mutual covenant and agreements of the parties, the parties agree follows:

1. The School Board will grant Employee actual, reasonable tuition assistance not to exceed 70% of the dollars incurred in taking the following courses at the college/university specified:

Course _____

College/University _____

Employee shall provide documentation satisfactory to the School Board of such expenses and enrollment before the School Board shall consider paying any expenses hereunder.

2. Employee agrees to repay to the School Board all sums paid in the event the Employee fails to return to work for the School Board the next school year, or if Employee leaves the employment of the School Board before the end of the next school year. The Employee is committed to Lancaster County Public Schools for one full year of service for each year tuition assistance is received.

IN CONSIDERATION THEREFORE, the parties have executed this Agreement on the day and year first above written.

Printed Name of Employee

LANCASTER COUNTY SCHOOL BOARD

Employee Signature

BY _____
School Board Chair

Division Superintendent

LANCASTER COUNTY PUBLIC SCHOOLS

Lancaster County Public Schools

“Learning Today, Leading Tomorrow”

Request for Reimbursement of Expenses

| | | | |
|-------------------------|--|-------------|--|
| Employee | | School/Dept | |
| Description of Activity | | | |
| Location of Activity | | Dates | |

Refer to Employee Expense & Reimbursement Procedure. Receipts MUST be attached.

| EXPENSES | DATE | DATE | DATE | DATE | DATE | TOTAL |
|-----------------------------------|------|------|------|------|------|-------|
| | | | | | | |
| Breakfast (Max. \$10/day) | | | | | | |
| Lunch (Max. \$15/day) | | | | | | |
| Dinner (Max. \$20/day) | | | | | | |
| Lodging | | | | | | |
| Airfare | | | | | | |
| Rental Car | | | | | | |
| Tolls | | | | | | |
| Fuel (County Car) | | | | | | |
| Registration Fee | | | | | | |
| *Mileage (roundtrip) \$0.545/mile | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

*Mileage must be approved by Superintendent or Designee prior to travel. Mileage is only available if a county car is NOT available.

| | | | |
|--------------------|------|----------------------|------|
| Employee Signature | Date | Principal/Supervisor | Date |
|--------------------|------|----------------------|------|

| | |
|--------------------------------------|------|
| Superintendent or Designee Signature | Date |
|--------------------------------------|------|

FOR ACCOUNTING ONLY

| G/L Account to be charged | Total | Note: |
|---------------------------|-------|-------|
| | | |
| | | |
| | | |