



Tuition Assistance Program

Joint School District No. 2



Program Description

Per District Policy 402.40, classified employees can request reimbursement for classes, workshops, seminars, certification examinations or competency assessments that are directly related to the job position they hold with the District.

Tuition Assistance monies are district funds, overseen by West Ada Classified Employee Association (WACEA) with final approval by the assistant superintendent or designee. These funds are made available by Joint School District No. 2 to help further the education of classified employees so they may perform in their positions to the best of their abilities.

Reimbursements are made according to the following terms:

- For class costs of \$60 or less, payment is 100%
- For class costs greater than \$60, payment is 60% of total cost of class, exam, books and/or study guides
- Maximum initial payment per employee is \$500
- Requests exceeding \$500 and second requests will be considered for reimbursement after June 1 based on remaining funds
- Employee must complete class before requesting reimbursement
- Reimbursement requests must be submitted by June 1 for classes completed during the school year
- Summer classes will be eligible for reimbursement during the next school year
- Employees who receive reimbursement then leave the District during the same school year must repay the reimbursed amount

Reimbursement Procedure

1. Complete the attached form
2. Provide copies of the class description, proof of completion and receipts showing costs
3. Submit the completed form and copies of relevant documents to WACEA at the District Service Center
4. Each request will be evaluated by WACEA, then forwarded to the assistant superintendent for final approval
5. Upon approval, the payment will be processed by the District Accounts Payable department in a regularly scheduled check run and sent to the employee

Keep For Your Records

Date Submitted	Amount Requested
Title of Class/Examination	



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Reimbursement Request Form

SEND VIA DISTRICT MAIL TO WACEA AT THE DSC



Employee and Class Information

Employee Name		Employee ID Number	
Mailing Address			
City	State	Zip	
District Work Location		Job/Position	
Title of Class/Examination			
Class/Exam Start Date		Class/Exam End Date	
Briefly describe how this class/exam directly relates to your current job			

Calculate Reimbursement Amount

1. Enter cost of class, seminar, workshop, examination or assessment
2. Enter cost of books and/or course preparation materials
3. Add the amounts on lines 1 and 2 and enter the result
4. If amount on line 3 is greater than \$60, multiply line 3 by 0.6 and enter the result
5. If amount on line 3 is \$60 or less, enter the amount from line 3
If amount on line 4 is less than \$500, enter the amount from line 4
If amount on line 4 is \$500 or more, enter \$500

1
2
3
4
5 TOTAL

Attach copies of the class description, proof of completion and receipts showing costs

Employee Signature _____ Date _____

FOR OFFICE USE ONLY

Approved	Rejected	Reason Rejected	
Amount Paid	Budget Account Code	Date	
CEA President		Assistant Superintendent	