



## PUBLIC SCHOOL EMPLOYEES OF EVERGREEN PSE

### STAFF DEVELOPMENT PROGRAM – TUITION REIMBURSEMENT

Evergreen PSE and the Evergreen Public Schools believe in developing the capacity of each individual in the district.

Each PSE member may request funds through the process detailed below, provided he/she does not exceed \$350 per fiscal year\* and that the class/workshop/course fits into skills necessary to enhance his/her job performance in his/her current position.

Please complete the attached Tuition Reimbursement Application form. If approved, funds will be reimbursed either partially or in full, upon completion and passing of class/workshop/course. Please note that classes must be completed within the fiscal year\* in which the application is made. Funds are allocated on a first-come, first-served basis per individual for class registration fees only; no books or miscellaneous fees are reimbursable. *Do not submit your application earlier than six weeks prior to the start of the class/workshop/course.*

#### APPLICATION PROCESS:

In order to complete the attached reimbursement application, you will need the following information:

1. Name of college/institute providing training
2. Class/workshop/course title
3. Class/workshop/course beginning and ending dates
4. Cost of class/workshop/course
5. Purpose for taking class/workshop/course

#### Step One

1. Prior to application, discuss the class/workshop/course you are requesting tuition reimbursement for with your supervisor/principal. He/she will be required to verify that it relates to your current position.
2. Complete and submit the attached Application for Tuition Reimbursement form to Classified Personnel with a copy of the registration form, class registration fee, and a copy of a brochure or section from the course catalog that pertains to the class/workshop/course for which you are applying for reimbursement, a minimum of fifteen business days prior to attending class.

#### Step Two

The Evergreen PSE Scholarship Committee will review your application at their monthly board meeting.

#### Step Three

The Evergreen PSE Scholarship Committee will notify you and Classified Personnel of approval or denial in writing. Save that document for your records.

#### Step Four

Within 30 calendar days after completion of the class/workshop/course, submit an Employee Claim for Expense form with the **original** receipt for proof of payment and a copy of your grade or certificate of completion to Classified Personnel. **If your paperwork is not submitted to Classified Personnel within this time line, your reimbursement will be denied.** (Please note that canceled checks and credit card statements will not be accepted in lieu of original receipts.)

#### Step Five

Completed Employee Claim for Expense forms will be processed by Classified Personnel and upon approval, will be sent to the Accounting/Purchasing Department for payment. Once the Accounting/Purchasing Department has processed your claim, a reimbursement check will be mailed to the address written on your Employee Claim for Expense form. Payment should be made within approximately 30 days of submission.

*\*For the purpose of tuition reimbursement, the fiscal year will be from September 1 through August 31.*

<b>EVERGREEN PSE</b>	<b>APPLICATION FOR TUITION REIMBURSEMENT</b>
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*Prior approval is required for reimbursement. Subject to the availability of funds.  
One class/workshop/course request per form.*

Your Name: \_\_\_\_\_ Department/School: \_\_\_\_\_

Current Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Office: \_\_\_\_\_ Home: \_\_\_\_\_

**Academic Information**

Name of institute providing course(s): \_\_\_\_\_

Title of class/workshop/course: \_\_\_\_\_

Description of class/workshop/course: Attach a copy of a brochure or a copy of the section from the course catalog that pertains to the class/workshop/course for which you are applying for reimbursement.

Amount of funds being requested: \_\_\_\_\_

Beginning and ending dates of class/workshop/course: \_\_\_\_\_

**Skill Enhancement for Current Position**

What skills will be gained through this training? \_\_\_\_\_

\_\_\_\_\_

How does this class/workshop/course relate to your current position? \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Manager/Principal**

Yes No Does this coursework maintain or improve the skills required in the employee's current position?

Supervisor's Signature: \_\_\_\_\_

*PSE Scholarship Committee Use Only:*

Date application received: \_\_\_\_\_ Approved? Yes No (circle one)

Amount of funds approved: \_\_\_\_\_ If denied reason for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Classified Personnel Use Only:*

Approved? Yes No (Circle one) Date forwarded to accounting for payment: \_\_\_\_\_

Date entered in database: \_\_\_\_\_