



HANOVER COUNTY PUBLIC SCHOOLS

PROFESSIONAL DEVELOPMENT ASSISTANCE PROGRAM

TUITION REIMBURSEMENT APPLICATION



PLEASE NOTE: You are able to obtain this form from the webpage (www.hcps.us). From the website: Click on HUMAN RESOURCES, then EMPLOYEE BENEFITS and then TUITION REIMBURSEMENT FORM. On the intranet: Type in HCPS1 and click on HUMAN RESOURCES. Click on TUITION ASSISTANCE FORM. The form may be completed online, then printed for signatures. Please contact Human Resources/Tuition Reimbursement (804-365-4500) or direland@hcps.us if you have questions, or problems retrieving this form.

REIMBURSEMENT RATE: All FULL-TIME AND PART-TIME (.5 FTE or greater) employees are eligible for reimbursement of tuition for coursework related to their job responsibilities and consistent with their professional growth plan. Only tuition is reimbursable - not fees. Full time employees may receive up to **\$800.00** per "school calendar" year (July 1 - June 30) for tuition reimbursement for purposes such as licensure renewal, endorsement needs, critical shortage needs, and advanced degree needs. These funds may also be used for reimbursement of Praxis fees. **Part time employees may receive up to \$400.00 per "school calendar" year** for areas of professional growth.

PROCEDURE: (Please read carefully) This "Tuition Reimbursement Application" **MUST BE SUBMITTED PRIOR** to the activity to ensure that approval is granted and that resources are available. Reimbursement requests must be submitted **no later than 60 days** following the completion of the activity. *Tuition assistance will be funded consistent with policy and procedures as resources permit.*

- 1). Upon receipt in the Human Resources Department, this form will be reviewed for approval. A signed copy will be returned to the employee.
- 2). Pay for the course and successfully complete the course with a passing grade of "B" or better. A certificate of completion or attendance is **not** acceptable. A grade **MUST** be issued to receive reimbursement.
- 3). Upon completion of the course, provide a receipt with a grade report or college transcript to the Human Resources Department within 60 days.

*This receipt may be a copy of a canceled check, credit card statement or a college receipt. The billing statement is **not** sufficient, nor is an IRS Form 1098-T. The receipt must contain your name, the school's name, and the amount paid. Reimbursement will be made when this verification is received.*

NOTE: Employees who resign from the county prior to reimbursement, will **not** receive payment. Employees who receive reimbursement from the professional development assistance program shall agree to work in Hanover County Public Schools for **one school calendar year** after receipt of the assistance. If assistance is received for a class that ends during the **current** school year, the employee must work the full **next** school year. If the employee does not return to honor the commitment, he or she is obligated to reimburse the county for the amount paid from the professional development assistance program. (See policy and Regulation 5-7.5/Conditions of Assistance) *Should monies paid from the professional development funds not be reimbursed by check, the employee understands that monies will be deducted from their remaining payroll through the end of their contract.*

Complete the form below and return it to Human Resources/ Tuition Reimbursement Program (SBO) **PRIOR** to registering or starting the course. Be sure that you and your principal/immediate supervisor have signed this form. **PLEASE USE A SEPARATE FORM FOR EACH COURSE.**

EMPLOYEE NAME: _____ DATE: _____

HOME ADDRESS: _____
Street City / State ZIP CODE: _____

Last (4) digits of SSN (required): _____ EMAIL ADDRESS (Required): _____

HOME TELEPHONE #: _____ SCHOOL TELEPHONE #: _____

WORK LOCATION: _____ POSITION: _____

PART-TIME or FULL-TIME EMPLOYEE: _____

REQUIRED: I wish to be considered for reimbursement for the following COURSE:

I am taking this course for: Initial License License Renewal Masters Doctorate Additional Endorsement

NBPTS NBPTS Retake Hanover Approved Cohort Other: (please state reason) _____

COURSE NUMBER: _____ COURSE NAME: _____

STARTING DATE OF COURSE: _____ ENDING DATE OF COURSE: _____

LEARNING INSTITUTION: _____ *TUITION COST: _____

★ Employee Signature: _____ Date: _____

Signing this form indicates that you agree to the terms stated in Policy & Regulations: 5-7.5 and 5-7.6 / Conditions of Assistance. Should monies paid from the professional development fund need to be reimbursed, the employee understands that monies will be deducted from their remaining payroll through the end of their contract.

★ Principal Signature: _____ Date: _____

I verify this course is directly related to this employee's professional growth plan and have reviewed the plan with this employee. This request has been submitted and received my written approval **PRIOR** to the commencement of this activity.

******* HUMAN RESOURCES USE ONLY *******

Approved _____ Not Approved _____ Amount \$ Approved*: _____ Balance \$ Remaining: _____

If not approved, reason _____

**Contingent upon verification of amount(s) paid and reimbursement funds used.*

HR Signature: _____ Date Reviewed: _____

(Revision August 2013)