

WILLIAMSPORT AREA SCHOOL DISTRICT
APPLICATION BY SUPPORT STAFF EMPLOYEE - TUITION SUBSIDY PAYMENT

Name _____ Date _____

Home Address _____ Social Security No. _____

Building _____ Position _____

I request approval of the following course for subsidy in accordance with Article 11, section 11-7 of the Agreement.

11-7 **TRAINING REIMBURSEMENT** – (a) The District will reimburse the employee for a maximum of six (6) credits in any given year. Reimbursement will be processed after the employee has submitted the following documentation: receipt or canceled check for tuition payment and a copy of the transcript noting that the course(s) has (have) been **successfully** completed. Reimbursement will not exceed the current Bloomsburg University off-campus tuition or the actual tuition amount paid by employee, if the latter is less than the Bloomsburg University off-campus rate. Courses must be pre-approved by the Superintendent and must be taken without benefit of other scholarship subsidy. Courses must, in the opinion of the Superintendent or his/her designee, be related to the employee's current position within the District. Should an employee fail to be employed by the District for one (1) year after attending and competing said course(s), the employee shall be required to pay back the reimbursement provided to the employee by the District.

(b) The District may require employees to complete training for their current job responsibilities, and any such training shall either be provided without charge or paid for by the District. All such employee training shall be either scheduled or approved with the prior authorization of the Superintendent.

The employee must pay for all tuition costs associated with the course taken. Receipt for payment of the course(s) issued by the college or university must be submitted to the Office of Human Resources along with a transcript reflecting the **successful** completion of the course.

Please submit form in duplicate at least 2 weeks prior to the first day of class attendance.

Please notify Human Resources if this course is not taken.

Title of Course _____ Number of Course _____

Number of Credit Hours _____ Cost Per Credit _____

Name of College or University _____

Credits to be taken from (month/day/year) _____ to (month/day/year) _____

Description of course _____

Approved _____ Approved _____
Signature, Immediate Supervisor (Required) Signature, Human Resource Director

Not Approved _____ *Not Approved* _____
Signature, Immediate Supervisor (Required) Signature, Human Resource Director

Date _____ Date _____