

**SNOHOMISH SCHOOL DISTRICT #201
 MASTER'S DEGREE OR PROFESSIONAL CERTIFICATION*
 TUITION REIMBURSEMENT**

Employee: _____ **Location:** _____

Grade/Subject/Assignment: _____

CHECK ONE Master's Degree Name of University _____
 Professional Certification* Name of University _____

As stated in the SEA Collective Bargaining Agreement, section 5.07 B:

"To assist employees paying tuition costs for a recognized Master's Degree or for Professional Certification*, the District will each school year establish a 'pool' of dollars...

"No later than October 1, 2005, and each October 1 thereafter, eligible employees must submit to the District a reimbursement form to access 'pool' dollars to help pay the cost of tuition from the prior fiscal year [September 1 through August 31].

"An eligible employee is one who is enrolled in a recognized Master's Degree program or professional certification* program.

"Reimbursement of tuition costs will be calculated by dividing the total number of credits submitted by eligible employees and verified by tuition receipts into the total dollars in the 'pool'. Eligible employees will then be reimbursed on the basis of the calculated value of the number of verified credits.

"Semester credits will be converted to quarter credits."

PLEASE ATTACH THE FOLLOWING FOR FALL 2008 - SUMMER 2009

- **Copy of your student account statement**
- **Letter of acceptance or verification of enrollment in a Master's or Professional Certification* program**

AND FORWARD AN OFFICIAL TRANSCRIPT TO HUMAN RESOURCES

Submit the above to the Accounting Department no later than October 1st.

Keep a copy of this form and all attachments for yourself in case of loss.
 Accounting will not know amount of your reimbursement until ALL forms are processed in **November**.

CERTIFICATION: I hereby certify, under penalty of perjury, this is a true and accurate claim for necessary expenses incurred by me and that no payment has been received by me on account thereof. I will reimburse any overpayment to Snohomish School District.

Employee Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

*Professional Certification is the 2nd level of certification required of new teachers in the state of Washington. This level of certification is required after receiving Residency Certification. For the purposes of tuition reimbursement, Professional Certification must be obtained by being enrolled in a Washington State accredited university for the purpose of obtaining certification.

FOR HRS USE ONLY

_____ Number of Quarter Credits _____ Number of Semester Credits _____ **Total Quarter Credits**

\$ _____ **Tuition/Credit Costs** _____ Initials of HR Analyst