

Robertson County Schools

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Tuition Reimbursement Program Application

Negotiated Teacher Contract, Memorandum of Understanding #3

Name _____ Current Position _____

Endorsement Area Applying for _____

College/University you are planning to attend _____

Date to Begin Coursework _____ Anticipated Date to Complete _____

I have read and agree to the following guidelines:

1. Applicants must be currently certified and actively employed.
2. Only tuition (not other fees) is subject to reimbursement. Courses must be taken through an approved program in a Tennessee public college/university.
3. Tuition reimbursement is made for a maximum of thirty (30) hours.
4. Upon acceptance to the program, the teacher will have thirty (30) months to complete program requirements except in cases of hardship. Hardships must be presented in writing. Hardship decisions shall be appealed to the Director of Schools.
5. Fifty percent (50%) of the reimbursement will be made upon successful completion ("C" or better) of each class. The teacher must provide an official transcript and official receipt in order to be reimbursed. Requests for reimbursement will be processed within six (6) weeks of proper submission. The remaining fifty percent (50%) of the reimbursement will be made upon final receipt of certification.
6. If the teacher withdraws from, or earns less than a "C" in a single class, the System will not pay for that particular class. If the teacher withdraws from, or makes less than a "C" in two (2) or more classes, the teacher will no longer be eligible for this benefit.
7. The System shall reimburse the teacher for the Praxis test or any other test required to complete certification. If the candidate should fail the exam, the System will not be responsible for the testing cost.
8. The teacher must commit to employment in the System for a period of five (5) years after receiving certification. Any employee, who voluntarily leaves the System without meeting this requirement, will reimburse the System for all reimbursements.
9. Upon receipt of certification, the teacher may be transferred to any vacant "hard to fill" position within the "hard to fill" endorsement area.

Signature of Applicant / Date

Approved by / Date

Return this form to Donna Trice, Assistant Director's Office

Course Title or Test Taken	Semester	Amount Requested	Initials for Approval	Date of Payment
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