

Name: _____
Submission Date: _____

Semester: _____
Year: _____

BLAIRSTOWN TOWNSHIP BOARD OF EDUCATION

INSTRUCTIONS & CHECKLIST FOR TUITION REIMBURSEMENT

Keep this for your records

For additional information regarding Tuition Reimbursement, please see Section 22 of the BTA Contract.

CHECKLIST:

1. **COURSE APPROVAL FORM:**

Complete and submit this form to the Superintendent.

Date: _____

Per the BTA contract, "The course must have prior written approval from the CSA and must be in the teacher's field of endeavor."

Upon Superintendent's approval and Business Office review, you will be notified if, and how much, you will be reimbursed from the semester's pool.

2. **PURCHASE ORDER REQUEST FOR TUITION REIMBURSEMENT:**

Date: _____

If you have been notified that there were funds available for reimbursement, please complete this form and submit with your transcript and tuition bill to the Business Office after completion of your approved course.



- Per the BTA contract, please note:
 - "Tuition reimbursement will be prioritized based first, on the date of submission and second, on years of experience at Blairstown Elementary School."
 - "Requests for tuition reimbursement will only be granted for the upcoming semesters within the current school years and limited to six (6) credits per semester and twelve (12) credits per school year."
- Please see the BTA contract for accepted submission dates.

BLAIRSTOWN TOWNSHIP BOARD OF EDUCATION

One Sunset Hill Road – PO Box E

Blairstown, New Jersey 07825

908-362-8536 Phone

908-362-9638 Fax

COURSE APPROVAL FORM

Tuition Reimbursement Account

NAME: _____ Semester: _____
Year: _____

This is a N.J. State Certified Professional Provider () Yes () No

_____ Number of hours of approved Professional Development.

Is this a graduate level course? () Yes () No

NAME OF SCHOOL	COURSE NAME/NUMBER	NUMBER OF CREDITS	DATE OF COURSE	PER CREDIT COST *

**Per Credit Cost is tuition only, all fees excluded.*

In the spaces below give a brief description of each course:

1. _____

2. _____

Teacher's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Please file this form with the Superintendent. Indicate if this is a fall, winter, spring, or summer course. Upon approval and when official grades and a signed bill are filed with the Superintendent and the Board of Education approves the bill, payment will be made.

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PURCHASE ORDER REQUEST FOR TUITION REIMBURSEMENT

NAME: _____ SEMESTER: _____
ADDRESS: _____
DATE: _____
PHONE _____ PURCHASE ORDER #: _____
FAX: _____ DATE OF BOARD APPROVAL: _____

NAME OF SCHOOL	COURSE NAME/NUMBER	NUMBER OF CREDITS	TOTAL COURSE COST	MAX REIM. RATE (Rutger's rate = \$648 Per Credit)

Total Reimbursement Amount: _____

Requested by: _____
Teacher or Staff Member's Name

Approved by: _____
Mark Saalfeld, Superintendent

Approved by: _____
Molly Petty, School Business Administrator