

MIDDLESEX COUNTY VOCATIONAL AND TECHNICAL SCHOOLS

Academic Teacher Tuition Reimbursement Form for Professional Improvement Courses

SECTION 1. The staff member requesting approval of tuition reimbursement completes Section 1.

- Complete the information requested in Section 1.
- Submit the completed form to your Principal/Department Head. (One course/form)

NAME: _____	DATE: _____
Name of Staff Member Requesting Approval of Tuition Reimbursement: Please print your name.	

CAMPUS: (Check One) Academy/Edison Academy/Woodbridge East Brunswick Perth Amboy Piscataway Central Office

NAME OF UNIVERSITY/COLLEGE:

TITLE OF COURSE: Please print exact course title from university/college catalog.

SEMESTER: (Check One) <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Other	START DATE: _____	SCHOOL YEAR: _____
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LEVEL: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate	NUMBER OF CREDITS: _____	TUITION PER CREDIT: \$ _____	TOTAL TUITION: \$ _____
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WILL THE COURSE LEAD TO A DEGREE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT TYPE OF DEGREE: _____
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I hereby request the Superintendent's approval of, and subsequent tuition reimbursement for, the course listed above pursuant to the provisions of the Agreement between the Middlesex County Vocational and Technical Schools Board of Education and the MCVTS Principals and Supervisors Association, the Middlesex County Vocational Education Association, or the MCVTS Office Personnel Association.

I AM PERMANENTLY CERTIFIED IN: _____

STAFF MEMBER SIGNATURE: _____

NOTES:
 1. A teacher must first complete the requirements for teacher certification in the position now held before becoming eligible for tuition reimbursement.
 2. Tuition reimbursement payments for graduate level courses leading to a degree may be taxable pursuant to Internal Revenue Code – Section 127 for all requests submitted on or after February 1, 1997.

SECTION 2. The Principal/Department Head completes Section 2.

- Review Section 1 for accuracy.
- Complete, sign and date Section 2.
- Forward the completed form to the SUPERINTENDENT.

Name of Principal/Department Head: _____

Principal/Department Head Signature _____
Date

SECTION 3. Request for Approval of Tuition Reimbursement - For Administrative Use Only

To: Ms. Dianne Veilleux, Superintendent

Re: Request for Approval of Tuition Reimbursement : Yes No

Forward To: Personnel Office Recorded in Personnel Office.
 Copied to the Business Office.
 Returned to the Principal/Department Head.

SECTION 4. Request for Approval of Tuition Reimbursement is returned to the Principal/Department Head

- Principal/Department Head provides their staff member with a copy of the - Request for Approval of Tuition Reimbursement.

SECTION 5. Staff Member

- Upon completion of the course, refer to the Checklist on the reverse side of this form to process your Tuition Reimbursement.