

**Wellesley Public Schools**

**Unit C Tuition Reimbursement Request Form**

To receive reimbursement for tuition, complete Tuition Reimbursement Request form and submit this to Human Resources Office**.** Reimbursement will be sent to you from the Business Office for courses in which you received a satisfactory grade.

*Effective July 1, 2024, the School Committee will fund an annual tuition reimbursement account of $5,000 to assist members with the costs related to coursework relevant to obtaining his/her first provisional license. To be eligible for tuition reimbursement, a Unit C member must submit Course Approval Form (CAF) to the Human Resource Office at least 30 days in advance of the expected start of the course. The Human Resource Office will review the form and notify the Unit C member if the course is approved and if funds remain in the account. Upon the successful completion of a course, a bargaining unit member will receive tuition reimbursement of up to $500 during a school year on a first come, first serve basis. Tuition reimbursement is contingent on prior approval of the course; receipt of an official transcript; and proof of payment. Employees will make every effort to submit for tuition reimbursement within 60 days of the course completion.*

**Please attach all Course Description(s); Completed Transcripts; Bill or Statement from College/University and Method of Payment: Canceled Check; Credit Card Statement or Cash Receipt.** Forms requiring additional information will be returned to you and may result in delays

**Employee Name (Last, First MI)**

**Job Title: WPS E-mail: School/Dept:**

**First Provisional License (Subject Matter)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Term (check appropriate boxes) \*\*Courses reimbursed to have been taken from Summer of 2024 to June 1, 2025\*\***

Summer 2024 Fall 2024 Winter 2024 Spring 2025

**College/University Course # Course Title Fee $**

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**Total Cost for courses to be considered for Reimbursement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature** | **Date** | **Director of Human Resources** | **Date** |

**TO BE COMPLETED BY HR OFFICE ONLY Total of Amount of Reimbursement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**