



Kingsley Area Schools
402 Fenton Street
Kingsley, MI 49649
Phone: 231-263-5261
Fax: 231-263-5282

Joshua Rothwell, Superintendent
jrothwell@kingsleyschools.org

Brittany Moen, Executive Secretary
bmoen@kingsleyschools.org

**KINGSLEY AREA SCHOOLS
TUITION REIMBURSEMENT FORM**

ARTICLE IX. PROFESSIONAL COMPENSATION (KFT Master Agreement)

... D. Continuing Education: The Board shall encourage all employees to continue their formal education. Tuition costs of courses taken at recognized college and universities, shall be reimbursed by the Board, within the following guidelines:

- 1. Courses must directly compliment the job assignment of the employee. The employee's supervisor must determine in writing if the class compliments the job.*
- 2. Courses shall not conflict with the assigned duty of the employee.*
- 3. Employees shall be eligible for reimbursement at a rate of 80% of the tuition if a grade oof B or higher is earned. Part-time teachers shall have their reimbursement pro-rated based on hours worked divided by 7.*
- 4. Reimbursement shall be limited to eight (8) courses or twenty-five (25) semester hour credits under the following condition:*
 - a. Up to eight (8) courses or twenty-five (25) semester hour credits successfully completed may be taken within the first six (6) years of employment.*
 - b. After completion of the sixth (6th) year of employment, reimbursement is limited to tuition (fees) and a maximum of one class per employee per year.*
 - c. Course taken must be in a planned program for an advanced degree or up to 20 hours continuing teacher certification.*
 - d. Starting with the 2007-08 school year, there shall be a \$14,000 lifetime tuition reimbursement cap per individual employee. The cap shall increase by 3% each year.*
- 5. The Board will pay its commitment at the time of proof of completion of the course.*
- 6. In all instances where the Board pays partially or fully for tuition the employee will be required to present one or more ideas from the class at a staff meeting.*
- 7. Board will pay 100% of tuition for any course the Administration requests the teacher take, and said course shall not count towards the maximum allotted in previous section, item #4 . . .*

Staff Name (please print)

Date

I, _____, would like to be reimbursed in accordance with the KFT Master Agreement for my continuing education. Attached is the necessary documentation:

_____ Registration Documentation

_____ Class Cost Documentation

_____ Prior Approval Form for Requested Class

Please reimburse in the amount of: _____

Staff Signature

Date

Principal Signature

Date