

**CENTRAL OFFICE SUPPORT SERVICES LEADERSHIP ASSOCIATION  
TUITION REIMBURSEMENT FORM  
CECIL COUNTY PUBLIC SCHOOLS**

Office of Human Resources  
201 Booth Street \* Elkton, MD 21921  
phone: 410-996-1069 \* fax 410-996-1051

The Board shall reimburse any full time supporting services supervisory employee up to \$483 per credit hour, not to exceed a maximum in any **one calendar year** of \$4,347 provided the amount of reimbursement shall not exceed the actual cost for tuition. These credits must be applicable to an approved planned program working toward an Associate of Arts degree, an approved trade license status, a Bachelor's Degree, a Master's Degree, or a specific course with prior approval by the Office of Human Resource. To be eligible for reimbursement, the applicant must be an employee of the Board at the time the course was taken and at the time the reimbursement is to be paid.

To receive reimbursement payment, a grade of "C" or above is required. **Reimbursement forms, accompanied by official grade reports or transcripts, and proof of tuition cost and payment must be submitted within one year following completion of a course.** Reimbursement will be calculated at the rate in effect at the commencement of the course.

**\*\* Benefits are calculated on a calendar year and reimbursements will be counted against the calendar year in which you are actually reimbursed. \*\***

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ School: \_\_\_\_\_

College Where Credits Were Earned: \_\_\_\_\_ Cost per credit Hour: \$ \_\_\_\_\_  
Please provide registration receipt(s)

Semester Course \Taken:	Fall ___	Winter ___	Spring ___	Summer ___	Original Grade Report is attached. (required for reimbursement)	Yes ___	No ___
	Approved Program	AA ___	BS ___	MS ___		Doctorate ___	Other ___

List courses for which you are requesting reimbursement. **(Maximum 2 courses per form)**

Course No.	Course Name	No. Credits	Grade
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\*\*\*TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES\*\*\*

REIMBURSEMENT RATE: \$ \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_