SUPPORT SERVICES 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 of Education will reimburse any full-time Supporting Services employee at a rate of 85% of the actual cost, not to exceed \$3,000 per **calendar year** for any credits earned which are 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 the applicant must be an employee of the Board at the time the course is taken and at the time the reimbursement is to be paid.

To receive reimbursement payment, a grade of "C" or above is required. <u>Reimbursement forms, accompanied by official</u> grade reports or transcripts, and proof of payment must be submitted within one year following completion of a course.

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Name:			:	School:	· · · · · · · · · · · · · · · · · · ·
Were Earned:					
e:	Fees:	Books:_	(rece	eipts required)	
Fall	Win	ter	Spring	Summer	
AA	Back	ielor's	Master's	Trade License	
Course Nam	<u>ie</u>		No. C	Credits	Grade
*****			*****	*******	
TO BE (COMPLETED B	Y THE OFFIC	E OF HUMAN F	RESOURSES	
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\$*8:			AMOUNT:		
\$*8: \$*8:	5% = \$	PRO	AMOUNT:	\$	
	y reimbursed Were Earned: Fall AA n each form an Course Nam	y reimbursed. ** Were Earned: Fees: Fall Wint AA Bach a each form and remember to Course Name	y reimbursed. ** Employee ID Were Earned: Fees: Books: Fall Winter AA Bachelor's n each form and remember to attach an ori Course Name	y reimbursed. ** Employee ID: Were Earned: Books: (received) Fall Winter Spring AA Bachelor's Master's each form and remember to attach an original grade rep Course Name No. C	Employee ID: School: Were Earned: School: Employee ID: School: Company of the c

TOTAL AMOUNT OF REIMBURSEMENT \$