

TUITION REIMBURSEMENT AGREEMENT

Instructions: Fill out one Tuition Reimbursement Agreement for each course for which you would like reimbursement. You will be eligible only when the form is completed and submitted with all required signatures.

1. EMPLOYEE INFORMATION

NAME: _____ POSITION: _____

Charlotte County Public Schools may reimburse you up to a maximum of 2 classes per school year for coursework completed during that year that enables you to meet applicable qualification requirements. Any amount greater than the maximum stated above is your sole responsibility.

2. COURSE INFORMATION

Name of university, college, or other institution offering course: _____

Course name: _____

Total credit hours for course listed above: _____

Total tuition for course listed above: _____

You must attach:

- a. A written course description from the institution's catalog, a syllabus, or other document prepared by the institution; **and**
- b. An original invoice or bill for tuition cost.

3. TRANSCRIPT REQUIREMENT

Charlotte County Public Schools will reimburse you for tuition expenses only when you submit official documentation, i.e., original grade reports, receipts, or online transcript (no photocopies or faxes) showing a grade of "C" or better for undergraduate coursework, or "B" or better for graduate coursework.

4. REPAYMENT UPON WITHDRAWAL

For any course contracted by Charlotte County Public Schools with any college, university or other entity, of which I am enrolled, if I withdraw after the add/drop deadline, I will repay the school division the full tuition cost. In the event I do not make such payment in full upon demand, I knowingly and voluntarily authorize Charlotte County Public Schools to deduct from my wages any amount owed by me under this agreement.

5. REPAYMENT UPON EARLY RESIGNATION

I will repay Charlotte County Public Schools 100 percent of all reimbursed expenses if I voluntarily resign within one year after completing 6 credit hours, and 50 percent of such costs if I voluntarily resign after one year has lapsed, but within two years after completing the course. I hereby agree to pay any and all balances due at that time to Charlotte County Public Schools in full upon demand. In the event I do not make such payment in full upon demand, I knowingly and voluntarily authorize Charlotte County Public Schools to deduct from my wages and/or accrued sick leave pay any amount owed by me to Charlotte County Public Schools under this agreement. Upon referral of this debt by Charlotte County Public Schools to an attorney, I further agree to pay attorney's fees in addition to the balance I owe.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR NAME: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

DISTRICT ADMINISTRATOR NAME: _____

DISTRICT ADMINISTRATOR SIGNATURE: _____ DATE: _____