



## SCEA TUITION REIMBURSEMENT FORM

Tuition reimbursement is up to \$5,000.00 for unit members who are taking coursework to become credentialed or fully credentialed for their assignment. Reimbursement may be requested for coursework beginning with the 2021-22 academic year and expires June 30, 2026.

Name (Please Print): \_\_\_\_\_

Job Title: \_\_\_\_\_

College/University: \_\_\_\_\_

Course Title(s): \_\_\_\_\_

Dates of Course(s): \_\_\_\_\_

Course Description(s) (attached a separate document if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tuition Cost: \_\_\_\_\_

Form must be fully complete, and the following items must be included for reimbursement:

Receipts

Proof of Course Enrollment

Signature (below)

### Acknowledgements:

My signature below constitutes my understanding that I shall not be eligible to transfer out of the job classification without SCOE approval for two (2) years from the initial submission of a reimbursement request. However, nothing in this agreement shall be construed to grant any unit member the right to continue in any position or in employment with SCOE for any period of time.

If I decide to leave SCOE employment prior to the two-year period, I understand that I will be required to pay back SCOE at a prorated amount.

The two-year time period shall start upon submission of initial reimbursement request, including all requirement documentation.

If it is necessary to disenroll from the course(s) due to extenuating circumstances or if the course(s) is canceled by the college/university, I will return funds to SCOE or apply the funds to my next class; if applied to next class I will submit proof of enrollment and application of funds to the class.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Budget Code: \_\_\_\_\_

Submit to Human Resources – hard copy or email to [humanresources@solanocoe.net](mailto:humanresources@solanocoe.net).