TUITION REIMBURSEMENT PROGRAM FOR TEACHERS
When a teacher has worked for three years with the Little Rock School District, he/she is eligible to make application for financial reimbursement for in-service advanced study according to the following conditions:

1. The application form will require the normal personal and professional data. Tuition reimbursement will be granted to applicants based on the order in which they are received as long as total budgeted monies have not been expended. If requests for funds exceed budgeted appropriations, total years of service with the Little Rock School District shall be the determining factor for granting tuition reimbursement.

2. The applicant, except non-degree vocational technical teacher, must hold the standard bachelor’s degree plus six (6) semester hours of graduate work.

3. Successful applicants will be granted reimbursement for actual tuition not to exceed the rate charged by the U of A system, for the course of study; provided a passing grade or credit for the course is received. Payment to the teacher will be made within thirty (30) days after the district has been provided with an official transcript and receipts for tuition payments.

4. Any teacher who receives financial reimbursement for in-service advanced study shall be provided released time upon notice to his/her principal with no loss of accumulated leave at a rate of one (1) day for each three (3) semester hours of course work.

5. Financial reimbursement may be granted for a maximum of six (6) credit hours earned during a twelve (12) month period.

6. Applications must be received in the Director of Certified Personnel’s office ten (10) days prior to the attendance of the first class meeting for the proposed course of study.

7. The maximum financial reimbursement granted shall be equivalent to four (4) beginning teacher’s annual salaries in effect at the time of application.

8. Successful applicants will sign a non-interest bearing promissory note in favor of the Little Rock School District for the amount of the reimbursement granted, said note to be cancelled and of no effect at the conclusion of one (1) semester service (following the completion of the course of study) for each six (6) hours of credit with the district’s financial aid. Failure on the part of the district to offer grantee a contract for periods sufficient to cause the note to be cancelled shall cause the remaining balance of the note to be cancelled. The balance of the note shall become due and payable if the grantee voluntarily fails to render service of sufficient length to cause cancellation of the note as described above.

9. Tuition reimbursement shall be used to pay tuition for completion of any course, which qualifies for salary credit anywhere in the Agreement.

   Exception:
   Tuition reimbursement may be used to pay for any computer training course directly applicable for educational research and/or instruction. The course does not have to be part of a program of advanced study or qualify for salary credit. This provision will be reevaluated at the end of the contract.
TUITION REIMBURSEMENT PROGRAM FOR TEACHERS

APPLICATION INFORMATION

Name: _______________________________  Hire Date: ________________________________

Address: ______________________________ City: __________________ State: _____ Zip: _______

Home Phone: _________________________ Work Phone: _______________________________

Cell Phone: ___________________________ E-Mail: ____________________________________

School: ______________________________  Years of Teaching Experience (LRSD) ___________

Certified Area (s): _________________________________________________________________

Subject Presently Teaching: ________________________________________________________

I HAVE WORKED FOR THREE (3) YEARS IN LRSD  (circle one)  YES        NO

I HAVE AT LEAST A B.A. + 6 HOURS ON FILE (circle one)                  YES        NO

I HAVE RECEIVED LRSD TUITION REIMBURSEMENT WITHIN THE LAST 12 MONTHS (circle one)     YES    NO

ARE YOU RECEIVING ADDITIONAL FUNDS FOR YOUR TUITION?  YES    NO

IF SO, PLEASE INDICATE AMOUNT: $_______________

COURSE INFORMATION

Course Number: ___________  Semester Course is Offered: ________________________________

(Example: EDFN 7331)  (Example: Fall 2007)

Course Title: ____________________________________________________________________

College Where Course is Offered: ___________________________ Tuition Amount $___________

(Tuition amount prior to fees- This amount should also exclude any additional funds (discounts, grants, etc.)

*Date of Registration: ____________________   *Course Beginning Date: ___________________

I have read and understand the eligibility requirements for this tuition reimbursement program. I also understand that this application must be submitted *at least 10 days prior to the first class meeting.

Signature ______________________________________  Date _____________________________________

EACH BLANK MUST BE FILLED IN BEFORE AN APPLICATION CAN BE PROCESSED.

SEND TO:  Little Rock School District
          Human Resources Department
          810 West Markham Street
          Little Rock, AR  72201
          Fax: 501-447-1162

When the course is completed, you must forward to Human Resources an itemized receipt showing payment for the course and an original transcript showing a passing grade before reimbursement can be made to you.