



Professional Growth Form

Tuition Reimbursement & Advancement on the Licensed Salary Schedule

Licensed Staff Member Information

Name _____ Date of Request _____
Primary location: A. Elementary School B. Middle School C. High School
Please indicate when you intend to enroll in the coursework (e.g. Summer 2026) _____

For those requesting tuition reimbursement:

Please indicate the option, a short explanation and the amount being requested:

OPTION 1: \$500.00 for licensed staff to support professional development
Licensed staff is allowed up to \$500.00 for the **2024-2025** school year for the purpose of professional development that is aligned to the School and the District's vision and goals. Provide a short description of how this coursework meets the purpose, you may attach an explanation:

Indicated the amount you are requesting \$ _____

OPTION 2: Six graduate credits every two-year period for licensed staff
To qualify for district reimbursement for college graduate credit courses,

- Licensed staff shall request approval before enrolling in the course by **March 1st** of planned coursework to allow enough advanced notice for budgetary purposes. There are no retroactive claims
- Reimbursement is provided for up to a **maximum of \$225 per graduate** level credit (500 level and beyond), for (6) credits every two-year period and will be given based upon successful completion (grade "C" or above) of the course by submitting official transcripts and a tuition receipt to the Human Resource office.
- Coursework reimbursement occurs twice a year. Coursework must be successfully completed and documented verification by grade report or official transcript must be submitted to the District by October 10th for fall reimbursement, or February 10th for winter reimbursement

Reimbursement by the District for the graduate level coursework will be considered if directly related to the individual's assignment, TSPC endorsement area, planned TSPC endorsement areas, or present or future building needs determined by the District, or presented for credit by the District. Provide a short explanation of how this coursework meets this stipulation, you may attach an explanation:

Indicated the amount you are requesting \$ _____

For those requesting advancement on the licensed salary schedule

Complete if using graduate level course work to advancement on the licensed salary schedule

- University Credit for advancement on the salary schedule must be graduate level courses-500 level and above
- When an employee expects to complete course work for advancement on the salary schedule, written notification will be made to the District by **March 1st** of the preceding year.
- Adjusting one’s salary due to course work will happen twice a year. Coursework must be successfully completed and documented verification by grade report or official transcript and submitted to the District by **October 10th** for fall reimbursement, or **February 10th** for winter reimbursement.
- Universities on a semester system (three terms fall, spring and summer terms) will earn a staff member 1.5 credits for each credit earned at the university.
- Universities on a quarter credit system (4 terms, fall, winter, spring and summer terms) will earn a staff member 1.0 credit for each credit earned at the university.

An official transcript is required for advancement on the salary schedule, please provide an official transcript when submitting this form.

University _____

Course Number _____ Course Name _____ Credit Hours _____

EXCEPTIONS:

Pre-Approval from the Director of Human Resources and Curriculum is necessary for isolated circumstances to support specialized teachers, such as CTE, who find it difficult to enroll in graduate level course work that is pertinent to their instructional responsibility.

OBTAIN APPROVAL:

Once complete submit to your principal for initial approval:

APPROVAL	DISAPPROVED	_____	_____
		Principal’s Signature	Date
APPROVAL	DISAPPROVED	_____	_____
		Director of Human Resources Signature	Date
APPROVAL	DISAPPROVED	_____	_____
		Superintending (if required)	Date

For District Office use only, after approval:

1st → Business Manager: Encumbered \$ _____ Payment Approved \$ _____ Initials _____

2nd → Human Resource Advocate for documenting and filing Initials _____

Salary Schedule Advancement: Move from Step _____ Row _____ to Step _____ Row _____

Informed Staff Member on Date _____ Initials _____