

UNIQUE NEED TUITION REIMBURSEMENT FORM

Please complete this form for requests for tuition beyond the WCEA entitlement as specified in the negotiated contract between the Warren County Education Association and Warren County School District: "Reimbursement will be made for courses taken to meet a new or unique need of the District as determined by the Personnel Committee of the Board." -WCEA and WCSD Negotiations Agreement

Name: Amy Stewart Date: 9/8/08

Assignment/Grade Level: Director

School: CO Years Service in Warren County School District as Teacher: 16

Please describe the unique need of the Warren County School District that would be met by this request: _____

Certification/Degree that will be earned: Letter of Eligibility

College/University: Edinboro

Advisor/Dean's Signature: Andrew Pushchak Telephone Number: 732.1548

List all courses for which tuition reimbursement is being requested:

Course	Course Number	No. of Credits	Date of Course	Cost of Tuition
School + Community Relations	SCHA 731	3	Fall 08 or 09	1193.00
The Superintendency	SCHA 796	3	Fall 08	1193.00
EdTech - Facilities	SCHA 797	3	Summer 09	1193.00
Strategic Planning + Policy Analysis	SCHA 798	3	Summer 09	1193.00
Personnel Leadership + Labor Relations	SCHA 785	3	Spring 09	1193.00
Supt. Internship	SCHA 799	3	All	1193.00

Date that Certification/Degree will be awarded: Superintendent's Letter of Eligibility

I have read the above information and agree that it is correct:

University Advisor's Signature: [Signature] Date: 9/10/08

Advisor's Telephone Number: 814-732-1548

I agree to all the conditions of tuition reimbursement as stated in the WCEA /Board Agreement or Act 93 /Board Agreement and understand that I have no entitlement to a position transfer by completion of these courses.

Requestor's Signature: [Signature] Date: 9/9/08

I have reviewed the above information for unique need tuition reimbursement. As the requestor's supervisor, I recognize this request as meeting a unique need of the Warren County School District and approve the requestor's participation in this program by my signature below.

Supervisor's Signature: _____ Date: _____

As superintendent of the Warren County School District, I recognize this request as meeting a unique need of the Warren County School District and approve the request for tuition reimbursement and the requestor's participation in this program by my signature below.

Superintendent's Signature: Robert E. Jerrill Date: 9-23-8
