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: <u>ASMILLY ELMS</u> | | D | ate: 2/19/18 | | | |
| | Name: ASMICY EIMS Assignment/Grade Level: Beaty lot grade wath teacher School: Beaty Very Society in Warren Course School District on Toucher 13 | | | | | | |
| | School: Beaty | School: Beaty Years Service in Warren County School District as Teacher: 13 | | | | | |
| | Please describe the unique need of the Warren County School District that would be met by this request: | | | | | | |
| | unique need K-12 principle Certificate | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Certification/Degree that will be earned: K-17 principle Certificate | | | | | | |
| | College/University: Daywar University | | | | | | |
| > | Advisor/Dean's Signature: | <u> </u> | Te | elephone Number: Bi | 4-871-7136 | | |
| | List all courses for which tuition reimbursement is being requested: Please See attached. | | | | | | |
| | Course | Course Number | No. of Credits | Date of Course | Cost of Tuition | | |
| | Quality teaching, continuous learning prof. accountability | GEDU 720 | 3 | SeptOct. 2018 | # 1,980 | | |
| | Principal Intro Internship | GEDU 725 | l l | Sept-oct. 2018 | \$ 660 | | |
| | School Financial Management | GEDU 722 | 3 | Oct - Dec. 2018 | \$ 1,980 | | |
| | Finance Developmental Intern. | GEDU 126 | | Oct-Dec. 2018 | # 660 | | |
| | Diverse learner Competencies For school leaders | GEDU 130 | -2 | Jan-Mar. 2019 | F 1,320 | | |
| | | GEDU 731 | l l | Jan-Mar. 2019. | \$ 660 | | |
| | Principal as Agent of School Proper | GEDU 721 | 3 | Mar-May 2019 | #1,980 | | |
| | Date that Certification/Degree will be awarded: Aug. 2019 I have read the above information and agree that it is correct: | | | | | | |
| | | | | | | | |
| 7 | University Advisor's Signature. | *** | 1 | Date: 3 | 18/18 | | |
| → | Advisor's Telephone Number: | 9/8// | 7/3/ | | | | |
| | I agree to all the conditions of tuition reimbursement as stated in the WCEA /Board Agreement or Act 93 /Board Agreement | | | | | | |
| | Requestor's Signature: Date: 2/20/18 | | | | | | |
| | Requestor's Signature: | | | Date: E | MIN | | |

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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: HSMLEU Date: Assignment/Grade Level: Years Service in Warren County School District as Teacher: Please describe the unique need of the Warren County School District that would be met by this request: Certification/Degree that will be earned: College/University: Advisor/Dean's Signature: Telephone Number: List all courses for which tuition reimbursement is being requested: No. of Credits Course Course Number **Date of Course Cost of Tuition** Date that Certification/Degree will be awarded: HUG. I have read the above information and agree that it is correct: University Advisor's Signature Advisor's Telephone Number: 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 eptitlement to a position transfer by completion of these courses. Requestor's Signature:

UNIQUE NEED TUITION REIMBURSEMENT FORM

| As superintendent of the Warren County School District, I recognize this request as meeting a uniq | que 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: | Date:3112118 | | | | | |