

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: Kylie Harris Date: 10/29/18

Assignment/Grade Level: Health/Medical assisting instructor

School: WCCC Years Service in Warren County School District as Teacher: 1+

Please describe the unique need of the Warren County School District that would be met by this request: To the best of my knowledge, Mr. Eves is the only person within the WCSD who possesses this particular certification it would make sense for there to be at least 4 back-up certification within the District.

Certification/Degree that will be earned: Vocational Administrative Director Certification

College/University: Indiana University of PA

Advisor/Dean's Signature: B. Bence Telephone Number: 724.357.5669

List all courses for which tuition reimbursement is being requested:

Course	Course Number	No. of Credits	Date of Course	Cost of Tuition
Personnel + Student mgmt		3	Fall 2019 or 2020	(Fall)
CTE School Code + Policy		3	Spring 2019	* tuition fees
Fiscal Responsibility		3	Summer 2019	based on
School Law + Legal Responsibilities		3	Summer 2019	current rates at
CTE Curriculum		3	Fall 2019 or 2020	time of registration
Clinical Supervision in CTE		3	Spring 2020	
Directorship in CTE		3		\$12,384 estimated

CTE School Leadership 3 Summer 2020 Fall 2020
Date that Certification/Degree will be awarded:

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

University Advisor's Signature: B. Bence Date: 10/30/2018

Advisor's Telephone Number: 724.357.5669

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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: Kyle D Harris Date: 10/29/2018

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: C JS Date: 11/5/18