

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: Leesa Lutton Date: 2/24/20
 Assignment/Grade Level: Special Education Teacher
 School: SAMHS 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:

To provide support to students with special needs and teachers of students with special needs as a special education supervisor.

Certification/Degree that will be earned: Special Education Supervision Certificate
 College/University: Slippery Rock University
 Advisor/Dean's Signature: _____ Telephone Number: _____

List all courses for which tuition reimbursement is being requested:

Course	Course Number	No. of Credits	Date of Course	Cost of Tuition
<u>School Supervision Strategic Leadership</u>	<u>SEFE 650</u>	<u>3</u>	<u>May 2020</u>	<u>\$1548</u>
<u>Political + Community Leadership</u>	<u>SPED 750</u>	<u>3</u>	<u>June 2020</u>	<u>\$1548</u>
<u>Instructional Leadership</u>	<u>SPED 752</u>	<u>3</u>	<u>August 2020</u>	<u>\$1548</u>
<u>School Supervision Organizational Leadership</u>	<u>SEFE 652</u>	<u>3</u>	<u>December 2020</u>	<u>\$1548</u>
<u>Practicum</u>	<u>SPED 754</u>	<u>3</u>	<u>January 2021</u>	<u>\$1548</u>

Date that Certification/Degree will be awarded: May 2021

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

University Advisor's Signature: [Signature] Date: 2-24-20
 Advisor's Telephone Number: 724-290-6057

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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: _____

Alesia Rutton

Date: _____

2/24/20

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: _____

[Signature]

Date: _____

2/25/20