

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: Lacey Schuler Date: 7/11/2010

Assignment/Grade Level: Learning Support-BWMS

School: BWMS Years Service in Warren County School District as Teacher: 3

Please describe the unique need of the Warren County School District that would be met by this request: This is the last course I need to take before I will be certified in special education. In order to get certified I needed 45 credits in which I was able to get 6 credits transferred from another program.

Certification/Degree that will be earned: M.A. in Special Education

College/University: Edinboro University of PA

Advisor/Dean's Signature: Jan C. Tackett Telephone Number: 814-732-2746

List all courses for which tuition reimbursement is being requested:

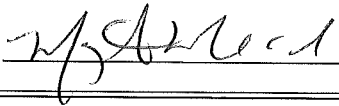
Course	Course Number	No. of Credits	Date of Course	Cost of Tuition
<u>Analysis of Sp. Ed. Cur.</u>	<u>SPED 730</u>	<u>3</u>	<u>7/19-8/11</u>	<u>\$1110</u>

Date that Certification/Degree will be awarded: August, 2010

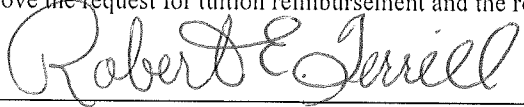
I have read the above information and agree that it is correct:
 University Advisor's Signature: Jan C. Tackett Date: 7-13-10
 Advisor's Telephone Number: 814-732-2766

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: Lacey M. Schuler Date: 7/12/2010

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: 7-12-10

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:  Date: 7-19-10
