



**BROKEN ARROW PUBLIC SCHOOLS  
SUPPORT EDUCATION REIMBURSEMENT  
PRE-APPROVAL/REIMBURSEMENT APPLICATION  
FY 2014-2015**

Broken Arrow Public Schools encourages employees to continue their education and, with this in mind, Broken Arrow Public Schools provides the following educational assistance based on a fund established each fiscal year for the district. This form serves as both a pre-approval application and a reimbursement form.

**Pre-approval Due Dates:**

August 5<sup>th</sup> – Fall Semester, January 5<sup>th</sup> – Winter/Spring Semester, May 5<sup>th</sup> – Summer Semester

**Eligibility:**

- 1) Active employees are eligible for Support Education Reimbursement, (substitutes and/or provisional employees are **not** eligible). Only college credit approved classes, online courses and/or other Oklahoma certification programs, such as Rhema Bible College, Tulsa Technology Center or those programs approved by the committee qualify for educational reimbursement. College and/or certification program selection must be pre-approved by the Tuition Committee.
- 2) Reimbursement pre-approval application must be received **prior** to the start of the course and no later than the deadline stated.
- 3) If transcript or grades cannot be obtained by reimbursement deadline, a letter to the committee must be submitted explaining such, until transcript or grades can be obtained. Failure to submit reimbursement materials or letter of explanation by deadline could result in forfeiture of reimbursement allowance.
- 4) To remain eligible for reimbursement, the employee must be in active status throughout the semester, pre-approval date, as well as disbursement date.

**Reimbursement:**

- 1) Reimbursement will not exceed \$120 per credit hour or no more than \$700 per certification or licensed program per semester, and up to \$50 per semester towards documented book costs (for a total not to exceed \$750). Requests outside of policy will be reviewed by the committee. Furthermore, any credit hours that cross semester dates will count toward the allowance of your final class date semester. (Example: Class begins December 2<sup>nd</sup> and ends February 15<sup>th</sup>, the hours will count in the January 1-July 30<sup>th</sup> allowance).
- 2) Employees who fail to meet any of these dates and requirements, other than eligibility and crossing of fiscal years, will be considered in June for reimbursement. Consideration will apply **ONLY** if all paperwork is submitted by the June 5<sup>th</sup> reimbursement deadline, employee is still employed (and in active status) June 5<sup>th</sup> and if any monies are remaining in the budget.
- 3) Employees qualifying for Pell grants, grant money, and/or scholarships must inform the Tuition Committee of amounts and provide specific paperwork regarding amounts applied to tuition and fees.
- 4) Employees must receive full credit for all classes submitted.

**Employee Submission Responsibility:**

- 1) Submit completed pre-approval application with all information available by the pre-approval due dates to: Cathy Mitchem, Director of Accounting [cmitchem@baschools.org](mailto:cmitchem@baschools.org).
- 2) Upon completion of courses, provide evidence of credit for each course (i.e., detailed tuition receipts, student loan paperwork, transcript, account summary, and/or grade sheet) and all itemized book receipts with proof of purchase.

**Reimbursement Submission Due Dates:**

September 5 for summer semester course work – Reimbursement pay date September 19th  
February 5 for fall/winter semester course work – Reimbursement pay date February 20th  
June 5 for spring semester course work – Reimbursement pay date June 19<sup>th</sup>

Employee's Name: \_\_\_\_\_ Employee's ID# \_\_\_\_\_

Employee's Position: \_\_\_\_\_ Employee's Site: \_\_\_\_\_

Semester (Please mark one) Summer \_\_\_\_\_ Fall/Winter \_\_\_\_\_ Spring \_\_\_\_\_

Institution Employee is Attending: \_\_\_\_\_

Credit Hours to be Earned \_\_\_\_\_ x Cost per Hour \_\_\_\_\_ = Total Tuition \_\_\_\_\_

Certification or Licensed Program Cost \_\_\_\_\_ Certification Book Cost \_\_\_\_\_ = Total Cost \_\_\_\_\_

Total Estimated Cost \_\_\_\_\_

***For Pre-Approval, complete Course Name/Certification or License Name portion and submit to committee. Form will be returned with approval status. For reimbursement, complete the Hours, Credits, Grade, and Paid portion and submit with all reimbursable receipts/documents to Cathy Mitchem.***

Course #	Course Name/Certification or License Name	Hours	Credits	Grade	Paid
1.					
2.					
3.					
<b>FOR OFFICIAL USE ONLY</b>		<b>Total number of hours/credits Earned:</b>			<b>Total Paid:</b>

I certify that I have read and understand the District's policy and requirements for Tuition Reimbursement.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO: CATHY MITCHEM IN FINANCE**

**Tuition Committee/Payroll use only**

The employee meets the qualifications of Broken Arrow Public School's District Tuition Reimbursement Program for Higher Education

Pre-Approval Submission

\_\_\_\_\_  
Tuition Committee

\_\_\_\_\_  
Date

Reimbursement Submission

\_\_\_\_\_  
Human Resources Department

\_\_\_\_\_  
Date