

**ROCHESTER CITY SCHOOL DISTRICT**  
**Tuition Reimbursement Application for Teachers**

Tuition Reimbursement is provided to:

- Teachers seeking their master's degree in order to be highly qualified
- Teachers seeking additional certification in shortage areas

This application must be submitted at least 30 days prior to the beginning of each semester's coursework.  
Per Diem subs are not eligible for tuition reimbursement.

Date of Application \_\_\_\_\_

NAME: \_\_\_\_\_ Employee Id #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Street \_\_\_\_\_ City/State \_\_\_\_\_ zip code \_\_\_\_\_  
Work Phone # \_\_\_\_\_ cell #: \_\_\_\_\_

**Employment Information:**

*Please check all that applies:*

Probationary  Contract Sub  Per Diem  Full time  Part time   
Type of NYS Certification Initial  Professional  Permanent

Area of Certification: \_\_\_\_\_

Are you tenured: Yes  No  If yes, year \_\_\_\_\_

\_\_\_\_\_ I am a teacher seeking my master's degree in order to obtain Professional or Permanent Certification.

\_\_\_\_\_ I am a teacher who already possesses a Master's degree, and I am seeking additional coursework in order to obtain certification in the shortage area of \_\_\_\_\_.

**Course Information:**

**A maximum of 36 credit hours may be reimbursed.**

Prior to this course what is the number of credit hours of coursework for which you have received tuition reimbursement? \_\_\_\_\_

Please identify the semester & year in which you are enrolling: Fall  Winter  Spring  Summer  Year \_\_\_\_\_

Course Title(s) and Number(s): \_\_\_\_\_

Beginning date of coursework: \_\_\_\_\_ Tuition Amt. per cr. hr. \$ \_\_\_\_\_ # of crs. \_\_\_\_\_

Name of accredited college/university or Continuing Education Institute: \_\_\_\_\_

Degree Program: \_\_\_\_\_

If approved for tuition reimbursement, I will complete all registration processes and pay the course in full. I will submit the original tuition invoice with proof of payment and a copy of the final grade report. (Document requirements are based upon Internal Revenue service guidelines and generally accepted accounting principles (*RCSD Business Services Procedures and Reference Manual, 2003-04 Ed. P 3.*))

A service commitment of four (4) semesters is required after the conclusion of the last course taken. If a resignation or separation from the district occurs before the service commitment is fulfilled, a refund may be owed to the district. (*Please review the RTA contract, Sect. 49, pgs. 84-85 for complete details.*)

Any amount received over \$5250 in a calendar year (January-December) will be taxed.

I have read and understand the RCSD Tuition reimbursement Policy and will comply with all the requirements. I certify that the information contained in the application is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email application to [kay.cordello@rcsdk12.org](mailto:kay.cordello@rcsdk12.org) Tel: 262-8518