



Shippensburg Area School District Graduate Course Approval Form

Name: _____ Position: _____

SASD Building: SASHS SAMS SAIS NG JB GBLUES

University/College: _____

Course Title: _____

Course Number: _____ Course Credits: _____

Course Tuition: _____

Start Date (actual date you will start the course): _____

End Date: _____

- The district shall make payment directly to the institution of higher learning at the time of preregistration for the tuition cost of each course to be taken. Please submit the approved invoicing authorization at the time of registration.
- The District shall provide each member of the bargaining unit, except long term substitutes, covered under Section 9.04 of this contract a career limit of \$19000 for the 2018-2020 school years and a career limit of \$19000 for the 2020-2021 school year, for tuition of graduate and/or Pennsylvania Department of Education (PDE) in-service credits. **Members of the bargaining unit shall be paid a maximum of twelve (12) credits per contract year.** In the event that any course is not satisfactorily completed with a grade of "B" or better, or "Pass" on a Pass/Fail system, the member of the bargaining unit shall reimburse the District the total amount of money paid for the course. **Grades must be submitted to the CIA Office upon completion of each course.**
- Individual members of the bargaining unit will be responsible for requesting advancement on the salary schedule by September 15 and/or January 15 in writing to the Superintendent and include an official transcript(s) verifying the request change. Salary increments for Master's 30, Master's 45, Master's 60, Master's 75, and Master's 90 will occur in **September and January.**
- In the event that a member of the bargaining unit who has received such reimbursement leaves the District within one (1) year of the completion of the credits, the member shall reimburse the District 100% of the cost of the credits. In the event that a member of the bargaining unit who has received such reimbursement leaves the District within two (2) years of the completion of the credits, the member shall reimburse the District 50% of the cost of the credits.

Director of Curriculum or Designee

Date

Signature of Applicant

Date

Return completed form to the Office of Curriculum, Instruction and Assessment

OFFICE USE ONLY

Total Credits this Contract Year _____

Total Credits on Record _____

Total Career Tuition Reimbursement _____

Date Request Received _____

Invoicing Of Graduate Fees

This form is to be given to your University or College when registering

The individual named is an employee of the Shippensburg Area School District and is hereby approved to take the course described below. The **tuition fee** should be billed directly to the Shippensburg Area School District Business Office.

Name: _____

University / College: _____

Course Title: _____

Course Number: _____

Course Begin Date: _____

Course End Date: _____

Total Course Tuition: _____

When invoicing, please list the Shippensburg Area School District employee registered and mail to:

**Shippensburg Area School District
ATTN: Accounts Payable
317 North Morris Street
Shippensburg, PA 17257
(717) 530-2700**

Thank you for your cooperation,

Director of Curriculum or Designee
of Shippensburg Area School District

Date

Cc: Accounts Payable

Revised 7/2020