

**APPENDIX B-1 INTENT TO SEEK REIMBURSEMENT FOR TUITION COSTS**

(Due to the Division Director no later than January 5)

Pursuant to ARTICLE X - Professional Improvement, it is my intent to pursue taking a college course(s) during the next school year. It is my desire to take a course(s) that is directly related to current job responsibilities or planned changes in such responsibilities, and that will clearly contribute to the BOCES operation or program(s).

I will submit on the required form (Appendix B-2), the necessary information prior to the start date for the course(s) (Please allow two months).

NAME \_\_\_\_\_ DIVISION \_\_\_\_\_ DATE \_\_\_\_\_

Number of credit hours anticipated taking at this time: \_\_\_\_\_  
(Maximum of 9 per year)

**APPENDIX B-2 APPLICATION AND RECORD FOR TUITION COSTS REIMBURSEMENT**

Name: \_\_\_\_\_ Division: \_\_\_\_\_ Date: \_\_\_\_\_

The purpose of tuition cost reimbursement is to compensate employees enrolled in degree programs or courses that (1) are necessary for job improvement or (2) that clearly contribute to the BOCES operation or program(s). It is not to be used for personal growth unless it is directly related to the objectives of the BOCES.

1. In accordance with PAO Article X – Professional Improvement, I am requesting approval to  
 enroll in the degree program *or*  take the course(s) listed:

Degree Program: \_\_\_\_\_  Check if previously approved

College or University: \_\_\_\_\_

Course Title: \_\_\_\_\_

Cost: \_\_\_\_\_ Course #: \_\_\_\_\_ Dates: \_\_\_\_\_

Course Title: \_\_\_\_\_

Cost: \_\_\_\_\_ Course #: \_\_\_\_\_ Dates: \_\_\_\_\_

2. Purpose for enrolling in degree program or taking course(s). Attach a copy of the degree program or course description(s).

\_\_\_\_\_

3. How will this activity benefit the classroom/division/BOCES? (Use additional sheets if necessary.) (Skip if degree program was previously approved.)

\_\_\_\_\_

4.	Approval Routing:	Approved/Not Approved*	Signature	Date
	Supervisor(if appropriate)	_____	_____	_____
	Director	_____	_____	_____
	District Supt.	_____	_____	_____

\*If not approved, explain: \_\_\_\_\_

**Request For Payment Section**

I certify that the attached receipt(s) and transcript(s) represent actual costs for the course(s) taken as approved. In the event that part or all of my tuition reimbursement must be returned to BOCES under Article X, I authorize BOCES to withhold the amount to be returned from my last paycheck.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Request for payment must be accompanied by all receipts, transcripts and a purchase order payable to the applicant for the amount due.