

**PRAIRIE CENTRAL COMMUNITY UNIT SCHOOL DISTRICT NO. 8**  
**GRADUATE COURSE REIMBURSEMENT**

9.13 Reimbursement for Education - The Board shall reimburse teachers for graduate level college coursework in an amount equivalent to that of tuition. The established rate shall be no greater than **\$285 per credit hour for pre-master's hours** and no greater than **\$225 per credit hour for post-master's hours** for the duration of the 2012-2015 CBA. The maximum amount the district will pay per teacher during the teacher's employment at Prairie Central CUSD #8 shall be \$7,200.

Approved reimbursement shall occur, after the fact, through the District's regular bill payment schedule. If all necessary documentation is received by the first (1<sup>st</sup>) day of the month, the payment for approved tuition expenses shall be received within sixty (60) calendar days after being submitted.

*Teacher must submit proof of grade "B" or better (via grade card or transcript), proof of payment, and a copy of the graduate course approval form along with the reimbursement request in order to receive reimbursement.*

Name: \_\_\_\_\_

1. Course Title: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Semester Hours of Credit: \_\_\_\_\_  
University Attended: \_\_\_\_\_  
Description of Course: \_\_\_\_\_  
 Grade Card/Transcript       Proof of Payment

2. Course Title: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Semester Hours of Credit: \_\_\_\_\_  
University Attended: \_\_\_\_\_  
Description of Course: \_\_\_\_\_  
 Grade Card/Transcript       Proof of Payment

3. Course Title: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Semester Hours of Credit: \_\_\_\_\_  
University Attended: \_\_\_\_\_  
Description of Course: \_\_\_\_\_  
 Grade Card/Transcript       Proof of Payment

**X** \_\_\_\_\_  
*My signature verifies that I have fulfilled all requirements for reimbursement*      *Date*

REVISED 8/1/12

*Office Use Only:*     Record on Grad Hours Sheet     Record on next year Salary Spreadsheet  
Approval      Amount \_\_\_\_\_      Date \_\_\_\_\_  
Reimbursement account code \_\_\_\_\_