

MONROE TOWNSHIP SCHOOL DISTRICT

Instructions to Complete Pre-Registration for Educational Assistance Benefit Determination Form

Employees must receive the Superintendent's prior approval if they wish to be reimbursed for taking a graduate course. Please note that for tenured certificated staff only, graduate courses offered by accredited institutions that are not required to maintain present certification are eligible for reimbursement.

Please follow the steps below to facilitate the approval process:

1. Complete the top portion of the form prior to taking a course and submit to the Department of Human Resources. The Department of Human Resources will submit the form to the Superintendent.
2. The original form will be returned to you upon Superintendent's approval.
3. Once you have completed the course(s), please submit the following documentation:
 - The Educational Assistance Program form with the bottom portion "Request for Educational Reimbursement" completed entirely including an administrator signature.
 - An official transcript indicating final grade(s) as evidence of successful completion of course(s).
 - Proof of payment (canceled check, receipt, or credit card statement)

Your reimbursement will be paid up to the maximum allowed for the current school year. The school year begins on July 1st and ends on June 30th. All Spring course request forms need to be submitted prior to June 1st in order to be paid out under the previous school year. Requests received after June 1st may be applied to the following year which may impact your eligibility for other reimbursements.

The Board of Education authorized adoption of an employee Educational Assistance Program. Under this plan, your benefits may be tax exempt dependent on prior approval from the Superintendent and the parameters of your specific employee contract and IRS limitations. It is important to note that this tax effect is based upon a calendar year, January 1st through December 31st.

Please contact Shelly Tessein in the Department of Human Resources via phone or email if you have any questions. (732-521-1500, extension 5223 or shelly.tessein@monroe.k12.nj.us).

Thank you.

MONROE TOWNSHIP SCHOOL DISTRICT

Pre-Registration for Educational Assistance Benefit Determination Form

This form must be submitted for approval at least 10 days prior to the start of class to be eligible for reimbursement.

PLEASE PRINT

Employee Name:				
Employee Location:				
Employee Grade/Subject/Assignment:				
Name of College or University:				
List Course Information below (course numbers must be listed)				
Graduate	Undergraduate*	Title of Course(s)	Date(s) of Course(s)	Credits
#	#			
#	#			
#	#			
Is this course(s) needed to maintain present certification?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this course(s) being taken at an accredited college/university?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the course(s) at the graduate level?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Only eligible non-certificated staff members may take undergraduate courses*

**Only TENURED staff are eligible for Educational Assistance*

By signing below, I agree that in the event that I fail to remain employed by the Board for two (2) years following the completion of the courses/program for which I receive reimbursement, I will be required to reimburse the Board 100% of the tuition reimbursement I will receive as a result of this request for educational reimbursement.

Employee Signature **Date**

Approval:

- Yes, provided you have not reached the maximum yearly allowance.
 No

Signature of Superintendent or Superintendent's Designee **Date**

REQUEST FOR EDUCATIONAL REIMBURSEMENT – Must be completed entirely

Course	#1	#2	#3	Total
Tuition	\$	\$	\$	\$
Grade Received				
Grand Total				\$
Less other current year reimbursement for previously submitted classes				\$

Please attach official transcripts with proof of payment and class schedule for reimbursement. Evidence of completion for your course(s) must be submitted within 30 days after the end of the semester.

Signature of Administrator **Date**

Superintendent Approval **Date**