



COLUMBUS CITY SCHOOLS CLASSIFIED SUPERVISORS TUITION REIMBURSEMENT

CONTACT PERSON – Michelle Jones
(ProfessionalLeaves@columbus.k12.oh.us)

Human Resources Administration

Phone: (380) 997-3137/Fax: (614) 365-5652

Please adhere to the document submission schedule located in the guidelines. In addition, please use the current year application located on the website. The application is updated on July 1st of each year.

****Applications submitted after courses have started will be subjected to committee approval and are at risk of being rejected. ***Old applications are not accepted.**

COLUMBUS CITY SCHOOLS

CLASSIFIED EMPLOYEES TUITION REIMBURSEMENT INFORMATION

Total funds in the amount \$25,000.00 have been allocated for use during the current fiscal year to support activities which will improve the professional performance of eligible classified supervisors. Please review the guidelines on the following page. Classified employees may apply to be reimbursed for costs paid towards participation in workshops, training programs and courses for credit which will provide job/related/promotional opportunities or to enhance job skills within the school system.

The distribution and reimbursement of funds shall be in accordance with the attached guidelines established by the Classified Tuition Reimbursement Committee. When the budgeted amount has been exhausted, no additional requests will be considered for the remainder of the fiscal year. The fiscal year begins July 1st and ends on June 30th.

The request form (to request approval for courses/activities) is located at the end of this document. The claim form (to request reimbursement/distribution of funds) is available on the website @ <https://www.ccsch.us/Page/9058>.

The joint labor/management committee meets on the dates listed below. All requests must be submitted by 4 p.m. on the Friday prior to the scheduled meeting date, as outlined in the chart below.

If the start date of the course or activity is:	Request is due to Human Resources no later than:	Committee meets to consider requests on:
August 1 – August 31, 2021	July 2, 2021	July 8, 2021
September 1-30, 2021	August 6, 2021	August 12, 2021
October 1-31, 2021	September 3, 2021	September 9, 2021
November 1-30, 2021	October 8, 2021	October 14, 2021
December 1-31, 2021	November 5, 2021	November 11, 2021
January 1-31, 2022	December 3, 2021	December 9, 2021
February 1-28, 2022	January 7, 2022	January 13, 2022
March 1-31, 2022	February 4, 2022	February 10, 2022
April 1-30, 2022	March 4, 2022	March 10, 2022
May 1-31, 2022	April 8, 2022	April 14, 2022
June 1-30, 2022	May 6, 2022	May 12, 2022
July 1-July 31, 2022	June 3, 2022	June 9, 2022

Return your request form, signed by your supervisor to: ProfessionalLeaves@columbus.k12.oh.us

Phone: (380)997-3137

Fax: (614) 365-5652

TUITION REIMBURSEMENT GUIDELINES

General Guidelines

1. You must be a classified supervisor who has completed your probationary period to apply.
2. Tuition Reimbursement may be given for workshops, training programs and college credits if approved by the committee and only covers instructional tuition for classes and registration fees for conferences.
3. All requests must be approved by the committee prior to the start date of the class or activity.
4. Tuition Reimbursement is to provide reimbursement for costs paid (via personal payment and/or loans).
5. Tuition Reimbursement forms must be fully completed and submitted by the deadline on the previous page to be considered. It is the employee's responsibility to assure that the form is received by the deadlines.
6. All requests must be accompanied by a complete description of the activity and must be job related. Where credits are available, courses must be taken for credit.
7. Classes taken for Continuing Education Credit (CEUs) or for licensing/certification purposes are subject to committee approval.
8. The committee will not approve more than **\$3,000** per individual for the current fiscal year.
9. The committee will make every effort to equally distribute approved requests and reserves the right to limit the amount awarded to an individual, both monthly, yearly and during the contract duration.

Rescheduled Classes:

1. The employee must submit a new form for rescheduled classes or for a different time period than that which was previously approved.
2. Substituted classes must be in the same equivalent field of study and costs as the activity previously approved. You must notify Human Resources in writing immediately of all changes or cancelled, dropped or failed courses/activity.

Items Not Covered:

1. Reimbursement will not be given for lab fees, parking fees, late fees, books, etc.
2. Employee on an unpaid leave of absence will generally not be approved for tuition assistance unless on an approved educational leave. The committee reserves the right to examine requests on an individual basis.
3. **Conference registration will not be pre-paid. You may register and submit for payment after the conference if the vendor will allow you to attend without pre-payment. You must check with Purchasing at 365-5820 first to see that the conference vendor is on the CCS approved list so we can reimburse the vendor once you submit the claim form, invoice and proof of attendance AFTER the conference. Lodging, per diem or travel fees for conferences are not covered.**

Grants/Scholarships:

1. Reimbursement will not be given for expenses covered by grants or scholarships. Failure to disclose a grant/scholarship will result in the claim being denied and/or refusal of future awards.
2. You may continue to apply for tuition reimbursement each term if you have applied for a grant or scholarship and the committee will determine the allotment minus the grant/scholarship.

Items due upon completion of course/activity:

1. Your signed claim form must be completed with 30 days of completion of the course or activity and must have attached items #2 & #3 below and must be submitted to Michelle Jones in Human Resources Administration. Failure to do so will result in cancellation of payment.
2. A completed comprehensive and detailed account from the college/university or vendor showing all charges and payments to the account.
3. Proof of successful completion of course work or activity (grades/certificate/proof of attendance).



COLUMBUS CITY SCHOOLS

2021-2022

CLASSIFIED SUPERVISORS TUITION REIMBURSEMENT REQUEST FORM

Employee Vendor # <input style="width: 100%;" type="text"/>	P.O. # <input style="width: 100%;" type="text"/>
This section will be completed by Human Resources Administration Office	

EMPLOYEE INFORMATION

Name: <input style="width: 100%;" type="text"/>	Route # <input style="width: 100%;" type="text"/>
Job Title: <input style="width: 100%;" type="text"/>	CCS ID# <input style="width: 100%;" type="text"/>
CCS Employment Start Date: <input style="width: 100%;" type="text"/>	Worksite: <input style="width: 100%;" type="text"/>
Contact Telephone Number: <input style="width: 100%;" type="text"/>	Currently on an Unpaid Leave of Absence? Yes <input style="width: 100%;" type="text"/>
	No <input style="width: 100%;" type="text"/>

COURSE/ACTIVITY INFORMATION

Course/Activity #1 <input style="width: 100%;" type="text"/>	Credit/Sem. Hrs. <input style="width: 100%;" type="text"/>
College/Univ., etc. <input style="width: 100%;" type="text"/>	Instructional Fee <input style="width: 100%;" type="text"/>
Activity Start Date <input style="width: 100%;" type="text"/>	Activity End Date <input style="width: 100%;" type="text"/>
Course/Activity #2 <input style="width: 100%;" type="text"/>	Credit/Sem. Hrs. <input style="width: 100%;" type="text"/>
College/Univ., etc. <input style="width: 100%;" type="text"/>	Instructional Fee <input style="width: 100%;" type="text"/>
Activity Start Date <input style="width: 100%;" type="text"/>	Activity End Date <input style="width: 100%;" type="text"/>
Course/Activity #3 <input style="width: 100%;" type="text"/>	Credit/Sem. Hrs. <input style="width: 100%;" type="text"/>
College/Univ., etc. <input style="width: 100%;" type="text"/>	Instructional Fee <input style="width: 100%;" type="text"/>
Activity Start Date <input style="width: 100%;" type="text"/>	Activity End Date <input style="width: 100%;" type="text"/>
Course/Activity #4 <input style="width: 100%;" type="text"/>	Credit/Sem. Hrs. <input style="width: 100%;" type="text"/>
College/Univ., etc. <input style="width: 100%;" type="text"/>	Instructional Fee <input style="width: 100%;" type="text"/>
Activity Start Date <input style="width: 100%;" type="text"/>	Activity End Date <input style="width: 100%;" type="text"/>

Total Instructional Fee Requested

\$

Select the category that best describes your request

Type of Degree (if applicable) <input style="width: 100%;" type="text"/>	Attend workshop <input style="width: 100%;" type="text"/>
Is this course part of a degree Program Yes <input style="width: 100%;" type="text"/>	Training Program <input style="width: 100%;" type="text"/>
Is this course a pre-requisite? Yes <input style="width: 100%;" type="text"/>	Course for Credit <input style="width: 100%;" type="text"/>
Is this course job related? Yes <input style="width: 100%;" type="text"/>	

Please provide a brief statement of how this activity will improve your performance/promotional opportunities.
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>

Employee's Signature _____ Date _____
(by signing, I confirm that I have read, understand and hereby agree to comply with the program guidelines.)

Supervisor's Signature _____ Date _____

PLEASE SUBMIT COMPLETED FORMS TO
ProfessionalLeaves@columbus.k12.oh.us