

# CLASSIFIED SUPERVISORS TUITION ASSISTANCE

2020-21 FISCAL YEAR



**COLUMBUS CITY SCHOOLS**

Contact Person – Michelle Jones  
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Human Resources Administration  
Phone: (380) 997-3137 Fax: (614) 365-5652

## **COLUMBUS CITY SCHOOLS**

### **CLASSIFIED SUPERVISORS TUITION ASSISTANCE INFORMATION**

Total funds in the amount \$25,000.00 have been allocated for use during the 2020-21 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 participate 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 Supervisors 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 1, 2020 and ends on June 30, 2021.

Copies of the request form (to request approval for courses/activities) guidelines and claim form (to request reimbursement/distribution of funds) are attached. Forms are also available on the CCS intranet and CCS internet.

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 on the chart below.

<b>If the start date of the course or activity is:</b>	<b>Request is due to Human Resources no later than:</b>	<b>Committee meets to consider requests on:</b>
July 1-July 31, 2020	June 5, 2020	June 11, 2020
August 1 – August 31, 2020	July 3, 2020	July 9, 2020
September 1-30, 2020	August 7, 2020	August 13, 2020
October 1-31, 2020	September 4, 2020	September 10, 2020
November 1-30, 2020	October 9, 2020	October 15, 2020
December 1-31, 2020	November 6, 2020	November 12, 2020
January 1-31, 2021	December 4, 2020	December 10, 2020
February 1-28, 2021	January 8, 2021	January 14, 2021
March 1-31, 2021	February 5, 2021	February 11, 2021
April 1-30, 2021	March 5, 2021	March 11, 2021
May 1-31, 2021	April 9, 2021	April 15, 2021
June 1-30, 2021	May 7, 2021	May 13, 2021

**Return a printed hard copy of your request form, signed by your supervisor to: Michelle Jones, Human Resources Administration, Room 104 or [micjones@columbus.k12.oh.us](mailto:micjones@columbus.k12.oh.us)**

**Phone: (380) 997-3137**

**Fax: (614) 365-5652**

## TUITION ASSISTANCE GUIDELINES

### General Guidelines

1. You must be a classified supervisor who has completed your probationary period to apply.
2. Tuition assistance may be given for workshops, training programs and college credits if approved by the committee and only covers instructional 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 assistance 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.
5. 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.
6. Classes taken for Continuing Education Credit (CEUs) or for licensing/certification purposes are subject to committee approval.
7. The committee will not approve more than **\$3,000** per individual for the current fiscal year.
8. 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. Assistance 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 assistance 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 credits to the account.
3. Proof of successful completion of course work or activity (grades/certificate/proof of attendance).



# COLUMBUS CITY SCHOOLS

2020-2021

## CLASSIFIED SUPERVISORS REIMBURSEMENT REQUEST FORM

Employee Vendor # <input style="width: 80%;" type="text"/>	P.O. # <input style="width: 80%;" type="text"/>
This section will be completed by Human Resources Administration Office	

### EMPLOYEE INFORMATION

Name: <input style="width: 90%;" type="text"/>	Route # <input style="width: 80%;" type="text"/>
Job Title: <input style="width: 40%;" type="text"/>	CCS ID# <input style="width: 60%;" type="text"/>
CCS Employment Start Date: <input style="width: 40%;" type="text"/>	Worksite: <input style="width: 60%;" type="text"/>
Contact Telephone Number: <input style="width: 40%;" type="text"/>	Currently on an <input style="width: 40%;" type="text"/> Yes <input style="width: 20%;" type="text"/>
	Unpaid Leave of Absence? <input style="width: 40%;" type="text"/> No <input style="width: 20%;" type="text"/>

### COURSE/ACTIVITY INFORMATION

Course/Activity #1 <input style="width: 90%;" type="text"/>	Credit/Sem. Hrs. <input style="width: 80%;" type="text"/>
College/Univ., etc. <input style="width: 40%;" type="text"/>	Instructional Fee <input style="width: 60%;" type="text"/>
Activity Start Date <input style="width: 40%;" type="text"/>	Activity End Date <input style="width: 60%;" type="text"/>
Course/Activity #2 <input style="width: 90%;" type="text"/>	Credit/Sem. Hrs. <input style="width: 80%;" type="text"/>
College/Univ., etc. <input style="width: 40%;" type="text"/>	Instructional Fee <input style="width: 60%;" type="text"/>
Activity Start Date <input style="width: 40%;" type="text"/>	Activity End Date <input style="width: 60%;" type="text"/>
Course/Activity #3 <input style="width: 90%;" type="text"/>	Credit/Sem. Hrs. <input style="width: 80%;" type="text"/>
College/Univ., etc. <input style="width: 40%;" type="text"/>	Instructional Fee <input style="width: 60%;" type="text"/>
Activity Start Date <input style="width: 40%;" type="text"/>	Activity End Date <input style="width: 60%;" type="text"/>
Course/Activity #4 <input style="width: 90%;" type="text"/>	Credit/Sem. Hrs. <input style="width: 80%;" type="text"/>
College/Univ., etc. <input style="width: 40%;" type="text"/>	Instructional Fee <input style="width: 60%;" type="text"/>
Activity Start Date <input style="width: 40%;" type="text"/>	Activity End Date <input style="width: 60%;" type="text"/>

Total Instructional Fee Requested (form will total this for you)

\$

Please place an "x" in the category that best describes your request

Type of Degree (if applicable) <input style="width: 90%;" type="text"/>	Attend workshop <input style="width: 80%;" type="text"/>
Is this course part of a degree Program <input style="width: 40%;" type="text"/>	Training Program <input style="width: 60%;" type="text"/>
Is this course a pre-requisite? <input style="width: 40%;" type="text"/>	Course for Credit <input style="width: 60%;" type="text"/>
Is this course job related? <input style="width: 40%;" type="text"/>	

Please provide a brief statement of how this activity will improve your performance/promotional opportunities.

Employee's Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 80%;" type="text"/>
(by signing, I confirm that I have read, understand and hereby agree to comply with the program guidelines.)	
Supervisor's Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 80%;" type="text"/>

PLEASE SUBMIT COMPLETED FORMS TO  
**Michelle Jones, 270 E. State Street, HR Administration, Room 104**  
**[micjones@columbus.k12.oh.us](mailto:micjones@columbus.k12.oh.us)**

Phone: (380) 997-3137  
please send original via interoffice mail



# COLUMBUS CITY SCHOOLS

Human Resources Administration

## CLAIM TO BE REIMBURSED FOR APPROVED CLASSES CSCSA/COLUMBUS BOARD OF EDUCATION CLASSIFIED SUPERVISORS

Submit to: *The Office of HR Administration*  
*270 E. State Street*  
*Michelle Jones, Room 104*

**This section will be completed HR**

Purchase Order #

Employee Vendor#

Name:

Worksite/Dept.

Job Title:

Employee I.D. #:

Work Phone:

Home Phone:

Name of College/University/etc.

Courses(s)/Activity Taken:

1.

2.

3.

4.

5.

Total reimbursement approved:

Tuition Fee Expenses (Original receipt must be attached)

Less amount I received from grant, scholarship, etc.

Reimbursement amount owed to me

**THE FOLLOWING MUST BE ATTACHED AND SENT WITHIN 30 DAYS OF  
COMPLETION OF THE CLASS/ACTIVITY IN ORDER TO RECEIVE REIMBURSEMENT:**

- \* Official statement showing course(s)/activity taken and fee charged
- \* ORIGINAL detailed fee payment receipt showing how payment was made (loans, grants, scholarships, etc.)
- \* Transcript of grade slip (if course/university) or certificate or letter of sponsoring authority if other than college/university course.

Employee's signature

Date

(by signing, I agree that CCS may contact the college/university to clarify payment, grants, scholarships, etc.)

TR	FUND	FUNC	OBJ	SCC	SUBJ	OPU	IL	JOB	AMOUNT
	001	2943	231	0320	000000	000	00	000	