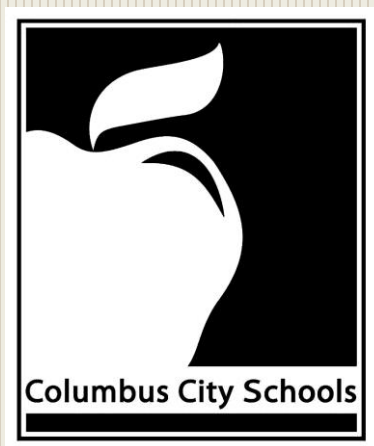


CLASSIFIED SUPERVISORS TUITION ASSISTANCE

2018-19 FISCAL YEAR



COLUMBUS CITY SCHOOLS

Contact Person – Adrienne Thomas
Human Resources Administration
Phone: (614) 365-6791 Fax: (614) 365-4044

COLUMBUS CITY SCHOOLS

CLASSIFIED SUPERVISORS TUITION ASSISTANCE INFORMATION

Total funds in the amount \$25,000.00 have been allocated for use during the 2018-19 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, 2018 and ends on June 30, 2019.

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.

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:
July 1-July 31, 2018	June 1, 2018	June 7, 2018
August 1 – August 31, 2018	July 6, 2018	July 12, 2018
September 1-30, 2018	August 3, 2018	August 9, 2018
October 1-31, 2018	September 7, 2018	September 13, 2018
November 1-30, 2018	October 5, 2018	October 11, 2018
December 1-31, 2018	November 2, 2018	November 8, 2018
January 1-31, 2019	December 7, 2018	December 13, 2018
February 1-28, 2019	January 4, 2019	January 10, 2019
March 1-31, 2019	February 1, 2019	February 7 2019
April 1-30, 2019	March 1, 2019	March 7, 2019
May 1-31, 2019	April 5, 2019	April 11, 2019
June 1-30, 2019	May 3, 2019	May 9, 2019

Return a printed hard copy of your request form, signed by your supervisor to:

Adrienne Thomas, Human Resources Administration, Room 108-A

Phone: (614) 365-6791 Fax: (614) 365-4044

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 Adrienne Thomas 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

2018-2019

CLASSIFIED SUPERVISORS REIMBURSEMENT REQUEST FORM



Employee Vendor # <input style="width: 90%;" type="text"/>	P.O. # <input style="width: 90%;" type="text"/>
This section will be completed by Human Resources Administration Office	

EMPLOYEE INFORMATION

Name: <input style="width: 50%;" type="text"/>	CCS ID# <input style="width: 40%;" type="text"/>	Route # <input style="width: 10%;" type="text"/>
Job Title: <input style="width: 40%;" type="text"/>	Worksite: <input style="width: 55%;" type="text"/>	
CCS Employment Start Date: <input style="width: 25%;" type="text"/>	Currently on an	Yes <input style="width: 10%;" type="text"/>
Contact Telephone Number: <input style="width: 25%;" type="text"/>	Unpaid Leave of Absence?	No <input style="width: 10%;" type="text"/>

COURSE/ACTIVITY INFORMATION

Course/Activity #1 <input style="width: 40%;" type="text"/>	Credit/Sem. Hrs. <input style="width: 15%;" type="text"/>
College/Univ., etc. <input style="width: 40%;" type="text"/>	Instructional Fee <input style="width: 15%;" type="text"/>
Activity Start Date <input style="width: 25%;" type="text"/>	Activity End Date <input style="width: 25%;" type="text"/>
Course/Activity #2 <input style="width: 40%;" type="text"/>	Credit/Sem. Hrs. <input style="width: 15%;" type="text"/>
College/Univ., etc. <input style="width: 40%;" type="text"/>	Instructional Fee <input style="width: 15%;" type="text"/>
Activity Start Date <input style="width: 25%;" type="text"/>	Activity End Date <input style="width: 25%;" type="text"/>
Course/Activity #3 <input style="width: 40%;" type="text"/>	Credit/Sem. Hrs. <input style="width: 15%;" type="text"/>
College/Univ., etc. <input style="width: 40%;" type="text"/>	Instructional Fee <input style="width: 15%;" type="text"/>
Activity Start Date <input style="width: 25%;" type="text"/>	Activity End Date <input style="width: 25%;" type="text"/>
Course/Activity #4 <input style="width: 40%;" type="text"/>	Credit/Sem. Hrs. <input style="width: 15%;" type="text"/>
College/Univ., etc. <input style="width: 40%;" type="text"/>	Instructional Fee <input style="width: 15%;" type="text"/>
Activity Start Date <input style="width: 25%;" type="text"/>	Activity End Date <input style="width: 25%;" type="text"/>

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

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

Type of Degree (if applicable) <input style="width: 25%;" type="text"/>	Attend workshop <input style="width: 10%;" type="text"/>
Is this course part of a degree Program	Training Program <input style="width: 10%;" type="text"/>
Yes <input style="width: 10%;" type="text"/>	No <input style="width: 10%;" type="text"/>
Is this course a pre-requisite?	Course for Credit <input style="width: 10%;" type="text"/>
Yes <input style="width: 10%;" type="text"/>	No <input style="width: 10%;" type="text"/>
Is this course job related?	
Yes <input style="width: 10%;" type="text"/>	No <input style="width: 10%;" type="text"/>

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

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
Adrienne Thomas, 270 E. State Street, HR Administration, Room 108A
 Phone: 365-6791
 please send original via interoffice mail



COLUMBUS PUBLIC 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
Adrienne Thomas, Room 108A

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

Date

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