



Boyertown Area School District - Request for Tuition Reimbursement – Defer Payment
“Tuition Reimbursement Receipt Detail Form” – Defer Payment

Instructions:

- 1. If the applicant’s regionally accredited college/university has agreed to defer payment, once the approved course(s) have been completed, complete this form and submit it along with the following documents (all together) to the Human Resources Department:
- Approved Request for Course Approval form(s)
- College/University official grade report(s) or official transcript(s) for the approved Request for Course Approval form(s)
- Proof(s) of a detailed receipt of tuition payment from the college/university
- Must supply one of the following along with this completed form as proof of deferment:
o a copy of a tuition bill clearly stamped “Payment Deferred” by the college/university
o an original copy of a tuition bill and a second tuition bill for the same semester with a later due date (indicates deferment)
o a copy of a completed and approved deferment application form
2. If the applicant has arranged deferred payment but is unable to provide proof of such agreement, the Registrar or Controller/Billing Department Personnel of the college/university must complete SECTION II of this form.

Please note the following:

- The applicant must be employed at the time of employment in order to receive reimbursement.
It shall be the applicant’s responsibility to submit the Request for Tuition Reimbursement -Defer Payment (“Tuition Reimbursement Receipt Detail Form” – Defer Payment) form and the required documents within ninety (90) calendar days following the end of the course to receive the reimbursement.
Official grades and hard copy of official transcript (in a sealed envelope) from the college/university must be sent directly to the applicant, not to the Human Resources Department. Electronic official transcript must be sent to HR directly.
Individual reimbursements will be processed throughout the school year. Requests submitted and processed during the summer months will be paid by September 15. Reimbursements are subject to IRS regulations and/or the PA Department of Revenue and may result in taxable income to the employee.
The receipt must be from the college/university and clearly delineate the actual graduate credit cost in accordance with the Collective Bargaining Agreement (CBA). This cost must not include the costs of textbooks, class materials, or any other miscellaneous fees.
This form must be completed in full for the Request for Tuition Reimbursement -Defer Payment (“Tuition Reimbursement Receipt Detail Form” – Defer Payment) to be considered and processed. Incomplete form will be returned to the employee, and any missed applicable deadlines will not be extended.

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_
Building: \_\_\_\_\_ Current Assignment: Grade/Subject: \_\_\_\_\_
Employed: [ ] Full-time OR [ ] Part-time \_\_\_\_\_%

SECTION I

Courses Taken:

Course 1: Title: \_\_\_\_\_ Course #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name of College/University: \_\_\_\_\_ Grade Earned: \_\_\_\_\_

This course is part of a: [ ] 1st Master’s Program [ ] 2nd Master’s Program [ ] Doctoral Program [ ] Certification Program.

Name of the Degree or Certification Program: \_\_\_\_\_

Course 2: Title: \_\_\_\_\_ Course #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name of College/University: \_\_\_\_\_ Grade Earned: \_\_\_\_\_

This course is part of a: [ ] 1st Master’s Program [ ] 2nd Master’s Program [ ] Doctoral Program [ ] Certification Program.

Name of the Degree or Certification Program: \_\_\_\_\_



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Course 3: Title: \_\_\_\_\_ Course #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name of College/University: \_\_\_\_\_ Grade Earned: \_\_\_\_\_

This course is part of a: [ ] 1st Master’s Program [ ] 2nd Master’s Program [ ] Doctoral Program [ ] Certification Program.

Name of the Degree or Certification Program: \_\_\_\_\_

Course 4: Title: \_\_\_\_\_ Course #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name of College/University: \_\_\_\_\_ Grade Earned: \_\_\_\_\_

This course is part of a: [ ] 1st Master’s Program [ ] 2nd Master’s Program [ ] Doctoral Program [ ] Certification Program.

Name of the Degree or Certification Program: \_\_\_\_\_

Tuition Reimbursement Requested:

Course 1: \$ \_\_\_\_\_ (# \_\_\_\_\_ of credits X \$ \_\_\_\_\_ per credit)

Course 2: \$ \_\_\_\_\_ (# \_\_\_\_\_ of credits X \$ \_\_\_\_\_ per credit)

Course 3: \$ \_\_\_\_\_ (# \_\_\_\_\_ of credits X \$ \_\_\_\_\_ per credit)

Course 4: \$ \_\_\_\_\_ (# \_\_\_\_\_ of credits X \$ \_\_\_\_\_ per credit)

Total: \$ \_\_\_\_\_

SECTION II

The Registrar or Controller/Billing Department Personnel of the college/university must complete this section if the applicant of this form has arranged deferred payment but is not able to provide proof of such agreement.

College/University: \_\_\_\_\_

College/University Official’s Name: \_\_\_\_\_ Title: \_\_\_\_\_

College/University Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION III

Certification:

I certify that the submitted information on this Request for Tuition Reimbursement – Defer Payment (“Tuition Reimbursement Receipt Detail Form” – Defer Payment) form is true and accurate to the best of my knowledge, and I have not received reimbursement for the courses listed on this form from any other source. I further understand that satisfactory evidence of successful completion of the course(s) must be submitted in accordance with the above requirements and the CBA.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Human Resources Department Office Use Only**

- Request for Tuition Reimbursement – Defer Payment (“Tuition Reimbursement Receipt Detail Form” – Defer Payment) is approved.
  - Request for Tuition Reimbursement – Defer Payment (“Tuition Reimbursement Receipt Detail Form” – Defer Payment) is not approved for the following reason:
    - Exceeded the allotted \$3,000 per school year for the 1<sup>st</sup> Master’s program
    - Exceeded the allotted \$1,500 per school year after the 1<sup>st</sup> Master’s program for credits up to a Master’s +30 in a 2<sup>nd</sup> Master’s, a Doctoral or a Certification program
    - Passed the time limit of submitting within 90 calendar days
    - Previously received tuition reimbursement for:    Course 1    Course 2    Course 3    Course 4
    - Other: \_\_\_\_\_
- Date: \_\_\_\_\_