

**Cambridge Public Schools**  
**CEA Unit E (Paraprofessional)**  
**Tuition Reimbursement Program Application Form**

**Application Deadlines**

Fall semester: September 30

Spring semester: January 30

Summer semester: June 10

**Instructions:** Complete the information below in Section A, attach a copy of the published course description, obtain the written pre-approval of your Principal or supervising Coordinator/Director in Section B of this form, and then submit form to the Office of Human Resources, 135 Berkshire Street, Cambridge, MA 02141 by the appropriate deadline stated above. It is the applicant's responsibility to ensure that this application is completed and submitted.

**Reimbursement Limitations:** Paraprofessionals are eligible for reimbursement of tuition costs only. Maximum reimbursement is \$1,000.00 per individual per year. Approved college/university courses must be completed with a grade of B- or better. Tuition reimbursement is not granted for courses/programs taken during regularly scheduled work hours, nor for fees and expenses such as application fees, pre-application registration fees, transcript fees, test preparation or test fees, admission testing fees, placement fees, book costs, travel cost, parking fees, tutoring fees, equipment/kit purchase costs, course addition/deletion/transfer fees, student activity fees, student union fees, recreation fees, health coverage costs, dissertation or typing fees, alumni fees, and other similar fees or costs.

**To Obtain Reimbursement:** To receive tuition reimbursement payment for pre-approved courses, within 60 days of completion of course or seminar, the paraprofessional must submit (1) a completed "Tuition Reimbursement Program Reimbursement Form"; (2) copy of course grade report (official transcript); (3) copy of tuition invoice, and (4) copy of paid tuition receipt to the Financial Operations Office, 135 Berkshire Street.

**SECTION A: To Be Completed by Paraprofessional**

**Note:** All sections must be completed. Do not enter "see attached" for any items. A published course description must be attached.

Paraprofessional's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ School/Department: \_\_\_\_\_

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

Course Title: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ Date Course Begins: \_\_\_\_\_ Date Course Ends: \_\_\_\_\_

Tuition Cost: \_\_\_\_\_ Amount of Reimbursement Requested: \_\_\_\_\_

Relevance to Your Position/Professional Development: \_\_\_\_\_

**SECTION B: PRINCIPAL or COORDINATOR/DIRECTOR PRE-APPROVAL**

Administrator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Meets Eligibility Criteria: Yes\_\_\_ No\_\_\_

Pre-Approval Granted: Yes\_\_\_ N\_\_\_

(If no, please specify reason):\_\_\_\_\_

**SUBMIT FORM TO:** This completed application must be submitted to the Office of Human Resources, 135 Berkshire Street, Cambridge, MA 02141 prior to the appropriate application deadline noted above. It is the applicant's responsibility to ensure this application is received.

*Rev. 8/2021*

## **Tuition Reimbursement Directions**

1. Make sure the Tuition Reimbursement is filled out and has your signature. If the form is missing your signature it will be returned to you and it can delay the reimbursement process.
2. Make sure that you have an Official Transcript from College or University; Grade Reports are not accepted.
3. Make sure you have a copy of the paid receipt from the College or University.
4. Make sure you have proof of method of payment such as a copy of a check or credit card receipt or statement or bank card statement.
5. On the credit card statement and bank statements please make sure to black out any credit card or bank card numbers before you submit your paperwork.
6. W-9 is required if you are a new hire or have changed your address or name change please make sure to fill one out and send it with your paperwork.

**Cambridge Public Schools**  
**Tuition Reimbursement Program – Reimbursement Payment Form**

Following course completion, this form is to be completed and submitted to the Financial Operations Office, 135 Berkshire St., Attn: Linda Branco with the following documentation. Please submit complete package form and documentation at the same time.

**Official Transcript ONLY No Grade Reports accepted**  
**Copy of Paid Receipt**  
**Copy of Proof of Method of Payment**

This payment form must be received no later than 60 calendar days following course completion (per Tuition Reimbursement rules). Please retain a copy for your records.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name of College/University:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Date Course Began:** \_\_\_\_\_ **Date Course Ended:** \_\_\_\_\_

**Amount of Reimbursement:** \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Note:** Teachers are eligible for reimbursement of **tuition costs only**. Itemized fees are **not reimbursable** include: application/pre-admission registration fees, transcript fees, test preparation fees, admission testing fees, placement fees, book costs, travel cost, parking fees, tutoring fees, equipment/kit purchase costs, course addition/deletion/transfer fees, student activity/student union fees, recreation fees, health coverage costs, dissertation or typing fees, alumni fees, and other similar costs.