

Check One	
WTA	<input type="checkbox"/>
WESA	<input type="checkbox"/>

WAYLAND PUBLIC SCHOOLS
Wayland, Massachusetts

Office Use	
Receipt	<input type="checkbox"/>
Transcript	<input type="checkbox"/>

WTA COURSE REIMBURSEMENT FORM
WESA COURSE REIMBURSEMENT AND CONFERENCE FORM

PLEASE READ INSTRUCTIONS CAREFULLY  **PLEASE READ INSTRUCTIONS CAREFULLY**

*In accordance with the Agreement Between the Wayland School Committee and the Wayland Teachers' Association, Inc., the School Committee will reimburse teachers for reasonable **tuition expenses** that are designed for the improvement of the state of the art and are approved by the Superintendent (or designee).*

*WESA employees will be reimbursed for **tuition and conference costs** at the rate stated in the Agreement Between the Wayland School Committee and the Wayland Educational Secretaries' Association. List conferences as you would courses.*

1. Complete and submit **one application for each course** to your building principal as soon as possible **before** the course begins. Applications submitted for approval **after** the course begins **will not be approved**. **Please make certain to indicate if the course is or is not distance learning.**
2. Submit **verification of tuition payment** to the Assistant Superintendent as soon as possible. An official receipt or a canceled check indicating the amount is sufficient.
3. Submit **a copy of your course grade** or other document indicating completion of course requirements to the Assistant Superintendent as soon as it is available. All transcripts must be submitted by June 30 for payment in that fiscal year.
4. Initial reimbursement will not be made until you have submitted, in addition to your application, **proof of payment and proof of course completion.**
5. All **applications** for course reimbursement must be in the Assistant Superintendent's office by June 1 to be considered for the current fiscal year.
6. A course is eligible for reimbursement in the fiscal year in which the course **ends**.
7. The amounts of initial and final reimbursement will be calculated in accordance with ARTICLE XVI of the Agreement Between the Wayland School Committee and the Wayland Teachers' Association, Inc. and ARTICLE XIV of the Agreement Between the Wayland School Committee and the Wayland Educational Secretaries' Association.

Please complete this form and submit it to your Principal who will forward it to the Assistant Superintendent.



NAME _____ DATE _____

SCHOOL _____ DEPT or GRADE _____

COURSE TITLE _____

DATES: *From* _____ *To* _____ *Credits* _____

TUITION COST _____ UNIVERSITY _____

➔ DISTANCE LEARNING YES NO

DESCRIPTION OF COURSE _____

Principal's Recommendation: *Approve* *Do Not Approve*

Signature _____ Date _____

Assistant Superintendent: *Approved* *Not Approved* # of Credits _____

Signature _____ Date _____