

# BALTIMORE CITY PUBLIC SCHOOLS

**Catherine E. Pugh**  
*Mayor, City of Baltimore*

**Cheryl A. Casciani**  
*Chair, Baltimore City Board of  
School Commissioners*

**Dr. Sonja Brookins Santelises**  
*Chief Executive Officer*

## **INSTRUCTIONS FOR TUITION REIMBURSEMENT**

### **PHASE I (Application Submission ONLY)**

Please complete the application form in its entirety. Be sure that all fields are completed and signed. Incomplete applications will be rejected.

- 1) All BTU, BTU-PSRP, and Unaffiliated employees are required to complete pages 2-3 of the application.
- 2) You may submit your application in-person (recommended), via interoffice mail, or by certified mail to the Office of Human Capital (OHC) prior to the deadline.
- 3) Once your application is submitted, an email from OHC will be sent to your City Schools' email account indicating the status of your request no later than fourteen (14) calendar days from the receipt date of the application.

#### **PLEASE NOTE**

- Faxed applications are not accepted.
- Non-traditional and online students are required to submit their course schedules along with the application.
- Payment information is accepted during Phase II only.
- All applications must be received by OHC by or before the established deadline approved by the Board.
- If your course changes, you must notify OHC and submit a new application (new promissory note not required) before the next application submission deadline.

### **PHASE II (Grades and Payment)**

Submit your grade and payment information to OHC by the required deadline. All grades must be on an unofficial transcript or grade report. Payment information must be in the form of an itemized billing statement from the college/university.

#### **PLEASE NOTE**

- Faxed documents are not accepted.
- Payment information must include both tuition cost and payment, and the balance must be paid in full. Fees and additional charges are non-reimbursable. Failure to provide this information will result in rejection.
- Grade and Payment information can be submitted via email to [TuitionReimbursement@bcps.k12.md.us](mailto:TuitionReimbursement@bcps.k12.md.us). The email should include the following information: Employee Name, Employee ID Number and Semester. All emails must be sent via your City Schools issued email account.
- Failure to provide appropriate documentation will result in rejection.
- Reimbursement will occur no later than 40 school/business days with proper documentation.
- Grade changes (adjustments and incomplete to actual grade) will only be accepted up to 30 days past the deadline with approval.

**(Please Keep this Page)**

Office of Human Capital  
 200 E. North Avenue, Room #110  
 Baltimore, MD 21202

Phone: 443-984-2000; Email: [TuitionReimbursement@bcps.k12.md.us](mailto:TuitionReimbursement@bcps.k12.md.us)

### Tuition Reimbursement Application SY 2017-18

PLEASE PRINT					
Last Name	First Name	MI	University/College Attending	Employee ID#	
Check One: <input type="checkbox"/> BTU <input type="checkbox"/> BTU-PSRP <input type="checkbox"/> CUB/L44 <input type="checkbox"/> Unaffiliated <input type="checkbox"/> PSASA <input type="checkbox"/> Related Service Provider <small>(Speech Language Pathologist/Audiologist Only)</small>					
Cohort Members Only: <input type="checkbox"/> Baltimore City Teacher Residency <input type="checkbox"/> Teach for America					
All Applicants: Does/do your course(s) follow a traditional college schedule? Yes <input type="checkbox"/> or No <input type="checkbox"/> <i>If no – please attach the course schedule</i>					
<b>CURRENT College Degree Level:</b> <input type="checkbox"/> None <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master Equivalent <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate					
Semester (Fall, Spring, etc.)	Year	Course No.	Course Title	# of Credits	Cost Per Course
<b>Total Tuition Cost for All Courses (do not include any fees). *Third Party Payments are deducted*</b>					\$

- I am completing coursework for renewal of a professional certificate. *(Note: this application does not serve as a certification renewal request. Employees must submit certification requests through ERS)*
- I am pursuing an advanced degree in education or directly related to my position/job which is \_\_\_\_\_
- (Local 44 Only) I am continuing my education for training purpose related to my current position/job which is \_\_\_\_\_
- I am submitting my license and proof of payment (**eligible related service providers only**)
- I am submitting my Praxis – School Leaders Licensure Assessment score report, and I am a PSASA member.

<b>By signing this document you are acknowledging that the information you have provided is true, and that you have read and understand the Tuition Reimbursement policies and procedures.</b>	
Employee Signature:	Date:
Principal/Supervisor Approval (Print and sign name):	Date:

**Application Deadlines**

October 1 <sup>st</sup>	Fall Semester
December 1 <sup>st</sup>	Winter Semester
February 1 <sup>st</sup>	Spring Semester
July 1 <sup>st</sup>	Summer Semester

**Deadline for Submission of Transcript & Proof Payment**

February 1 <sup>st</sup>	Fall Semester
March 1 <sup>st</sup>	Winter Semester
July 1 <sup>st</sup>	Spring Semester
October 1 <sup>st</sup>	Summer Semester

**BTU, BTU-PSRP & Unaffiliated Members Only**

**PROMISSORY NOTE**

In consideration of the tuition reimbursement payments that the Baltimore City Board of School Commissioners (hereinafter the "Board") has agreed to provide to me, I,  
\_\_\_\_\_ (hereinafter the "Employee") do hereby agree as follows:

1. I acknowledge that I have been approved for tuition reimbursement payments in the maximum amount of \$\_\_\_\_\_ for the \_\_\_\_\_ semester of the \_\_\_\_\_ school year. I further acknowledge that once such payments are made to me, I am subject to certain repayment obligations to the Board in accordance with the following conditions:
  - a. If I am a member of the bargaining unit represented by the **Teacher chapter of the Baltimore Teachers Union (BTU)**, and I have:
    - i. Less than five (5) years of continuous service with the Board, I am required to remain an employee of the Board for two (2) school years following the reimbursement. If I voluntarily terminate my employment prior to my completion of this obligation, I am required to return to the Board 75% of all tuition reimbursement amounts paid to me by the Board for the previous two (2) school years;
    - ii. More than five (5) years of continuous service with the Board, I am required to remain an employee of the Board for the entire year following the reimbursement. If I voluntarily terminate my employment (other than by retirement) prior to my completion of this obligation, I am required to return to the Board 100% of all tuition reimbursement amounts paid to me by the Board for the previous semester.
  - b. If I am a member of the bargaining unit represented by the **Paraprofessional chapter of the Baltimore Teachers Union (BTU)**, I am required to remain an employee of the Board for three (3) school years following the reimbursement. If I voluntarily terminate my employment prior to my completion of this obligation, I am required to return all tuition reimbursement amounts paid to me by the Board for the previous three (3) school years.
  - c. If I am an **Unaffiliated** employee of the Board, I am required to remain an employee of the Board for one (1) year after receiving the reimbursement. If I voluntarily terminate my employment prior to my completion of this obligation, I am required to return to the Board 100% of all tuition reimbursement amounts paid to me by the Board for the previous year.
2. In the event that I fail to make the repayments called for in Paragraph 1 by the deadline set forth therein, I authorize the Board to:
  - a. Deduct the full amount of such repayment obligation from any monies owed to me by the Board for salary, wages, leave reimbursement, or any other employment related purpose; and/or
  - b. Initiate collection proceedings against me for the recovery of any required repayments. I agree to pay all costs associated with such collection proceedings including, but not limited to, all collection agency costs and fees. Should a lawsuit be brought on behalf of the Board to recover the outstanding balance of any required repayments, I agree to pay all costs of such litigation including, but not limited to, court costs and reasonable attorney's fees.

- c. I agree that any lawsuit brought to enforce the terms of this Promissory Note shall be heard by a court of competent jurisdiction in Baltimore City, Maryland, and I hereby consent to be subject to the jurisdiction of such court.
- 3. This Promissory Note has been made and delivered in Baltimore City, Maryland, and shall be governed by and construed in accordance with the laws of the state of Maryland.
- 4. No modification or waiver of any of the terms of this Agreement shall be allowed unless by written agreement signed by both parties. No waiver of any breach or default hereunder shall be deemed a waiver of any subsequent breach or default of the same or similar nature.
- 5. In the event that any portion of this Promissory Note is deemed unenforceable, all other provisions shall remain in full force and effect.

\_\_\_\_\_

Employee Name (Print)

\_\_\_\_\_

Employee ID Number

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Home Address

**NOTARY USE ONLY**

State of \_\_\_\_\_ County/City of \_\_\_\_\_, to wit: On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purpose therein contained. In witness hereof I hereunto set my hand and official seal, and being duly sworn by me, made the oath that the statements in this document are true.

Notary Public Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Affix Seal Here