



REQUEST FOR TUITION ASSISTANCE

Employee's Name: _____ Today's Date: _____

Location: _____ Position: _____ Date of Hire: _____

To Reimburse Tuition:

- I will be reimbursed up to the limits specified in the Personnel Policies; upon approval and subject to the availability of funds. I must submit the entire application packet at the time of the request for reimbursement.
- I must complete the course (s) for which tuition is paid with at least a grade of "C." If I make any grade below a "C," I must reimburse RCCDC for the amount of tuition paid for the course.
- **To be eligible for reimbursement all employees must have completed a Professional Development Plan on file***

Name of college/university/school: _____

Degree: Associates Degree Bachelor's Degree Master's Degree

Major Concentration: _____

Location of Classes: _____

Course Title:	Course#:	Time:	Day(s):	Credit Hours:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Amount of Tuition _____ Amount of Tuition Reimbursement: \$ _____

Employee Signature _____ Supervisor Signature _____

BUSINESS OPERATIONS USE ONLY

____ Employee has been employed for at least 90 days and is in "Good Standing"

Request for Tuition Assistance has been reviewed and the following determination has been made based on availability of funds APPROVED DENIED

Director of Business Operations Signature

Date



TUITION ASSISTANCE AGREEMENT

Employee's Name: _____ Today's Date: _____

Location: _____ Position: _____ Date of Hire: _____

As an employee of Regina Coeli Child Development Center, I am committed to providing the highest quality services possible. I understand that a condition of my employment is participation in staff development training on a continuous and ongoing basis. I acknowledge that the opportunity to participate in staff development training is a privilege for me, a requirement for this job, and an investment on the part of the program. Accordingly, I agree to the following: (please initial by each box)

- I commit to completing the coursework/certification and all its requirements.
In return for the opportunity to receive this coursework/certification tuition assistance(specify)_____
I commit to working for the program that invested this coursework/certification in me for a minimum period of three (3) years.
I agree to apply for and do my best to obtain certification, recertification, licensure, or other formal authorization to perform the technical and professional requirements of the position in accordance with applicable standards, regulations, and laws.
I commit to performing the following duties, providing the following services, and/or conducting the following activities (specify): _____

Other conditions of this Agreement (specify): _____

The Head Start Act says "TEACHING REQUIREMENT -A student at an institution receiving a grant under the subsection who receives assistance under a program funded under this subsection shall teach in a center- based Head Start program for a period of time equivalent to the period for which they received assistance or shall repay such assistance"

I understand that my failure to carry out this Agreement may result in corrective or remedial actions, including a Reprimand, Suspension, and Termination. I further understand that if I do not fulfill the terms of my commitment to Regina Coeli Child Development Center, I am required to reimburse the program for costs associated with the coursework/certification. Should I resign or be terminated for cause before completing the coursework/certification I was enrolled in with program resources, or before my obligation is met, I will forfeit payment for accrued hours, personal leave, compensatory time, or other benefits, commensurate with the value of the training invested in me, adjusted by my length of service subsequent to receiving the training. In the event of program lay off this agreement will become null and void.

I HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS OF THIS AGREEMENT.

Signature of Employee

Date



PROFESSIONAL DEVELOPMENT PLAN

Employee's Name: _____ Today's Date: _____

Location: _____ Position: _____ Date of Hire: _____

1. What is the highest level of education you currently have? _____
2. Are you working toward the completion of a degree or CDA certification? YES NO
3. What type of Certificate or degree are you pursuing?

CDA _____ Associates Degree _____ Bachelors Degree _____ Advanced Degree _____

4. What is your major concentration or degree of study? _____

5. What College, University or Institution are you attending?
Name: _____ City, State: _____

6. When is your anticipated date of completion? _____

7. Have you applied for financial aid/scholarship funds or student loan assistance? YES NO
(If yes, please provide verification of amount of assistance granted or denied)

*The Request To Fund Coursework/Training Form must be completed for each semester of coursework.

*Employee must register with Louisiana Pathways and must apply for Pell grants or other scholarship or financial assistance.

*All tuition assistance and/or reimbursements must have prior authorization by Business Operations Department to be eligible.

*Under certain circumstances employee will be responsible for repayment of some or all financial assistance given during the program year.

Checklist for Required Attachments

- ___ Current Transcripts Attached (if already enrolled)
- ___ Financial Aid/Scholarship Acceptance or Denial Letter
- ___ Itemized billing statement of all fees
- ___ Outline of Courses Required for Degree Completion
- ___ RCCDC Request to Fund Coursework/Certification Form