

**MASTER'S DEGREE EDUCATIONAL
REIMBURSEMENT PROGRAM**



PROMOTING

TEACHER EXCELLENCE

AT

DEXTER CONSOLIDATED SCHOOLS

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MASTER'S DEGREE EDUCATIONAL REIMBURSEMENT PROGRAM

OVERVIEW

Dexter Consolidated Schools has created a district wide program to assist with tuition and fees reimbursement for Dexter staff planning to obtain a Master's Degree in education. Dexter Consolidated Schools strongly encourages all staff to continue their professional development learning by completing additional college coursework. District funds have been allocated to fund one (1) master's level class each semester (fall/spring) not to exceed \$750 per class for each approved applicant. Yearly availability of funds will determine the number of applications for reimbursement that will be approved, and applicants will be considered on a first come basis. Applicants must reapply each semester they wish reimbursement.

As consideration for this agreement and the costs outlined above, the Employee agrees that he/she will remain an employee in good standing with Dexter Schools for the duration of the current school year in which coursework is completed and a minimum of one subsequent school year. If during the term of this agreement, the employee resigns, is served with termination papers, or is placed on administrative leave for longer than 2 weeks for investigation of misconduct or poor performance, the Employee agrees that he/she will repay the District the full amount of reimbursement for coursework completed that school year.

Interested applicants must fill out the attached request form and submit to their supervisor for approval prior to enrolling each semester. Once approved, applicants will then complete the attached agreement form to be approved by the Superintendent.

Only approved applicants will be reimbursed, and availability of funds will determine the number of approved applicants each semester. Each semester, all applicants will be considered on a first come basis.

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REQUEST

General Information (to be completed each semester)

Date submitted: _____

Name _____
Last Name First Name Middle Name

Social Security Number _____ Position _____ School/Dept. _____

Mailing Address _____
Street/P.O. Box City State Zip Code

Home Phone _____ Work Phone _____

College/University _____ Degree Plan _____

Course Number(s) _____

Purpose of Course(s) _____

Title(s) and Course Description(s) _____

(if necessary, attach additional information)

Start Date ___/___/___ Course Site _____

End Date ___/___/___ Number of Course Hours _____

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

- Attachments:
- Master's Degree Plan
 - Course Description
 - Enrollment Documentation
 - Repayment Agreement Contract
 - Completion of Course Verification, College/University Grade Notification

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AGREEMENT

(Must be completed and submitted to the Superintendent for approval each semester)

Name of Employee _____ Date _____

Amount of Reimbursement _____

The purpose of the reimbursement is to fund tuition and fees only for study by the above named Employee

at _____ pursuing a Master's Degree in _____
Name of Institution Educational Program

during the period _____ for a total of _____ semester hours.
Beginning and Ending Dates

As part of this agreement and in consideration for the promises outlines below, the District agrees to provide/pay for tuition fees for approved Master's Degree coursework in education from an accredited university.

Employee agrees to provide District copies of the following:

- Master's Degree Course of Study Plan
- Proof of enrollment
- Receipt of payment to university by employee
- Proof of payment (i.e., cancelled check, credit card statement, etc.)
- Course Grade Transcript turned in at completion of course (must be an official transcript)

Approved Master's degree courses must be completed with a minimum grade of C (70%) or higher in order to be considered for future reimbursement requests.

As consideration for this agreement and the costs outlined above, the Employee agrees that he/she will remain an employee in good standing with Dexter Schools for the duration of the current school year in which coursework is completed and a minimum of one subsequent school year. If during the term of this agreement, the employee resigns, is served with termination papers, or is placed on administrative leave for longer than 2 weeks for investigation of misconduct or poor performance, the Employee agrees that he/she will repay the District the full amount of reimbursement for coursework completed that school year. The employee authorizes Dexter Consolidated Schools to deduct money from their final paychecks for repayment or may opt to directly repay the district. The employee will also be fully responsible for any legal costs and attorney fees expended by the District if it must initiate legal proceedings to collect the reimbursement amount. This agreement should be interpreted liberally to accomplish these goals.

It is further agreed that no modification of, addition to, or deletion of, any of the terms of this contract shall be of any force or effect unless such modification, addition, or deletion is in writing, has been expressly approved and adopted by the Superintendent, and is signed and dated by both parties.

The Employee understands and agrees that the willingness of Dexter Consolidated Schools to provide education reimbursement referenced herein for a particular year of studies is in no way a promise that it will fund additional semesters/years of studies, nor does it create any expectation that additional semesters/years of study will be funded.

The fact that the reimbursement is conditioned on subsequent years of service in the Dexter Consolidated Schools is in no way a promise by Dexter Consolidated Schools that the Employee will be re-employed in any subsequent year, nor does it create any expectation that reemployment will occur. The terms of the Employee's reemployment shall be governed by the statutes of the State of New Mexico and pertinent regulations, and the Employee's contract as it may exist from time to time, unaffected by this Educational Reimbursement Agreement.

Employee's Signature

Date

Superintendent's Signature

Date

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CHECKLIST

Employee Name _____

Before reimbursement may be made, the following must be received by the Superintendent's Office:

- _____ Master's Degree Course of Study Plan
- _____ Master's Degree Educational Reimbursement Request (signed by Supervisor)
- _____ Proof of enrollment
- _____ Receipt of payment to university by employee
- _____ Proof of payment (i.e., cancelled check, credit card statement, etc.)
- _____ Master's Degree Educational Reimbursement Agreement (signed by Superintendent)

Upon completion of the course, the following must be received by Superintendent's Office:

- _____ Course Grade Transcript (must be an official transcript)—Note – grade(s) must be a minimum of a C (70%) or higher before additional reimbursement requests will be approved.