SEVEN OAKS SCHOOL DIVISION
community begins here

BOARD/SOTA PROFESSIONAL DEVELOPMENT FUND
TUITION REIMBURSEMENT FORM *for TEACHING STAFF*

SOTA
Seven Oaks Teachers' Association

Teacher Name: _____ **School:** _____

Course Name and Number: _____

_____

☐ **3 Credit Hours** ☐ **6 Credit Hours**

Post-Secondary Institution: _____

Start Date of Couse: _____ **End Date of Course:** _____

Cost of TUITION - Please complete one reimbursement form and attach one tuition receipt and course completion document for each course you are requesting reimbursement. The following details should be included: Your Name, the Course Name & Number, Institution Name & Faculty, Course Dates, number of credit hours. If multiple courses are on the receipt please indicate (i.e. by circling or highlighting) which course you are submitting for reimbursement. Documentation to support successful completion of the course must also be attached. **If reimbursement is for continuance fees:** in lieu of a final mark you will need to provide an updated progress report from your faculty advisor along with the tuition reimbursement form and tuition receipt for each continuance fee. One progress report/faculty advisor letter is valid for one school year and can be used for all continuance requests applied for in that school year.

TUITION FEE = **$** _____ x 1/3 = **$**_____ ***TOTAL REIMBURSEMENT**
(*excluding all other fees*) (PD Fund covers 1/3 of Tuition Amount to a ***maximum*** of $500.00 Canadian.)

Please note: *Your amount requested may be adjusted accordingly as per the Board/SOTA PD Fund Guidelines.*

_____ _____
Signature of SOTA Member Date

Submit with necessary forms attached to Margret Borodenko at the School Board Office.

FOR OFFICE USE ONLY: Charge to: 9.630.656.003.000.654

☐ Proof of Successful Completion Attached.

☐ Tuition Receipt Attached.

_____ _____
Reviewed by Superintendent Reviewed by Secretary-Treasurer

_____
Reviewed by Professional Issues Chairperson