



REQUEST FOR PROFESSIONAL ADVANCEMENT, SALARY SCHEDULE CREDIT, AND TUITION REIMBURSEMENT
Peru Elementary School District 124

Updated 7-1-24

Teachers shall be allowed tuition reimbursement of 50 percent of the tuition cost up to a maximum of \$225 reimbursement per credit hour for pre-approved graduate level courses taken from an accredited institution for professional advancement in the field of education. Before receiving tuition reimbursement, a teacher must provide proof of acceptance into a recognized advanced degree or second Masters program in the field of education, or the courses must be part of the teacher’s approved plan for certification renewal, or any courses that may be required for professional development due to unsatisfactory evaluation ratings or any courses otherwise approved in advance by the Superintendent.

A maximum of forty (40) graduate hours beyond the Bachelors and thirty-six (36) graduate hours beyond the Masters shall be allowed each teacher for reimbursement over the course of the teacher’s employment in the district. For tuition and fee reimbursement and salary schedule credit, all courses must be pre-approved in writing by the Superintendent or designee. To receive credit on the salary schedule, the teacher must report via official transcripts hours earned by September 1st each year.

Article XIV, of the 2024-2028 Professional Agreement between the Peru Elementary School District 124 Board of Education and the Peru Educators’ Association.

Instructions: Prior to taking each course, this form must be completed by the teacher and submitted to the superintendent. After approval, a copy will be returned to the teacher. After the course is completed, a copy of the tuition bill and a formal grade report verifying successful completion of the course must be submitted. Original transcripts are required for personnel records upon successful completion of degrees or additional certification.

Employee Name _____ Date Submitted _____

Highest Degree Held _____ (plus _____ graduate hours completed)

Course Name _____ Course Number _____

Department _____ Semester Hours _____

Accredited University _____ Location of Course _____

Course Level _____ Graduate _____ Undergraduate

Semester _____ Fall _____ Spring _____ Summer 20

This Course Applies to (check one or more of the following):

- | | |
|--|---|
| <input type="checkbox"/> Second Bachelors Degree | <input type="checkbox"/> Bachelors Degree Plus 40 Hours |
| <input type="checkbox"/> Masters Degree | <input type="checkbox"/> Masters Degree Plus 36 Hours |
| <input type="checkbox"/> Second Masters Degree | <input type="checkbox"/> Additional Certification |
| <input type="checkbox"/> Other Professional Growth | |

Total Course Tuition and Fees \$ _____ Total Estimated Reimbursement \$ _____

Office Use Only

Approved Not Approved

 Superintendent Signature

 Date