

**CHICAGO PUBLIC SCHOOLS
APPLICATION/AGREEMENT FOR TUITION SUPPORT**

Section I: Eligibility Information *(To be completed by Employee/Applicant)*

Name: _____ Employee ID# _____

Employee Classification: Probationary Appointed Teacher Tenured Teacher
 Temporarily Assigned Teacher Educational Support Personnel
 Paraprofessional/school-related personnel Substitute Teacher

Section II: Tuition Support/Professional Development Program Information *(To be completed by Department offering tuition support program)*

Sponsoring Department: _____

Tuition Support Program Name: _____

Educational Institution where Program is offered: _____

Professional Development Program Description: _____

Amount of Tuition Support Offered: _____ Length of Program: _____

Amount Paid for tuition support over two years immediately prior to application? \$ _____

Tuition support for current year? \$ _____

Total Tuition Support (Add Current and Prior Amounts): \$ _____

Post-program service requirement: _____ years
(Insert years from Tuition Support Policy)

Section III: Sponsor Department's Approval of Application/Attachment of Specific Program Requirements.

I have reviewed this application for tuition support for the above-named Tuition Support/Professional Development Program sponsored by this Department. I verify that all of the information and representations in the application are true and correct and that the Applicant is eligible to participate in the program.

(Strike the following if inapplicable.)

The Tuition Support/Professional Development Program sponsored by the Department has additional specific program requirements, which have been delivered to the Applicant and are attached hereto and incorporated here.

I approve this application.

Department Head's Signature

Date

Section IV: Supervisor's approval/sponsorship *(To be completed by Employee's Supervisor)*

I am the applicant's supervisor. The professional development program is relevant to the applicant's current and/or future job duties and the applicant's participation will benefit the Board of Education. I hereby approve and sponsor the employee's participation in the Tuition Support Program described in this application.

Supervisor's Name

Title

Supervisor's Signature

Date

Section V. Employee's Application and Acceptance of Terms and Conditions of Tuition Support *(Application cannot be approved without employee's signature below).*

I hereby apply for tuition support to enable me to participate in the professional development program described in Section II above. **I acknowledge that I have received a copy of all attachments to this application which set forth any additional specific requirements of the professional development program in which I am enrolled.** I agree to comply with all requirements of the Tuition Support Program, as set forth in the Board's Tuition Support Policy and all terms set forth in this Application/Agreement. I further agree to comply with any other specific requirements in any attachment to this Application/Agreement. In making this application for tuition support, I accept and agree to the following terms and conditions of the Board's payment of tuition support to me or on my behalf:

1. **Disqualification from participation:** I understand that, after approval and acceptance of my application, I may be disqualified and consent to any such disqualification from continuing participation in the program and from future tuition support opportunities for one or more the reasons set forth in subparagraphs a) to g) below. If I am disqualified from continued participation after the Board has made tuition support payments to or on my behalf, I shall repay the Board one hundred percent (100%) of the amounts paid via payroll withholding or otherwise.

- a) My conviction of crime enumerated in Section 34-18.5 of the Illinois School Code;
- b) Non-payment of my portion of the tuition or fees for the professional development program;
- c) My failure to maintain a passing grade or equivalent under other grading systems in the professional development program;
- d) My resignation, retirement, dismissal from Board employment or any other severance of my employment relationship with the Board;
- e) My receipt of a Notice of Unsatisfactory Teaching Performance (also commonly referred to as an "E-3 Notice") under Section 24A-5 of the Illinois School Code or a finding that I have violated Group 4 or 5 Acts of Misconduct set forth in the Board's Employee Discipline and Due Process Policy as it exists now or as it may hereafter be amended;
- f) My failure to maintain an attendance rate of 85% for all courses, laboratories, practicum or other instructional sessions for which the Board has paid all or part of the tuition or fees; or
- g) My failure to complete mentoring, course, internship, practicum or other specific requirements of the professional development program.

2. **Post-Program Service Requirements.** I agree to continue my employment with Board of Education of the City of Chicago for a period of ___ years (*insert 1, 2, 3, 4, 5 or 6 in accordance with Board's Tuition Support Policy*) after I complete my participation in the professional development program for which tuition support is being provided. I understand that I must fulfill my post-program service requirement at a local school to which I am appointed or assigned. I understand that I may be relieved of this service requirement only if my position closes and I suffer a break in service as a result of my position closing.

3. **Repayment of Tuition Support.** I agree that I shall repay the Board any tuition support paid to me or on my behalf by the Board under the following circumstances:

- a) One hundred percent (100%) of the tuition support paid by the Board if I:
 - i) fail to satisfactorily complete the educational program; or
 - ii) fail to satisfactorily complete the educational program in a timely manner; or
 - iii) complete less than twenty percent (20%) of post-program completion service requirements;
- b) Seventy-five percent (75%) of the tuition support paid by the Board if I complete twenty percent (20%) but less than forty (40%) of the post-program completion service requirements;
- c) Fifty percent (50%) of the tuition support paid by the Board if I complete forty percent (40%) but less than sixty percent (60%) of the post-program completion service requirements;
- d) Twenty-five percent (25%) of the tuition support paid by the Board if I complete sixty percent (60%) percent but less than eighty percent (80%) of the post-program completion service requirements;
- e) Ten percent (10%) of the tuition support paid by the Board if I complete eighty percent (80%) but less than one hundred percent (100%) of the post-program completion service requirements.

4. **Acknowledgement that Application is Voluntary.** I acknowledge that I have voluntarily applied to participate in the Professional Development Program described in Section II of this Application. I further acknowledge, consent and agree that the Board is under no obligation to pay me a salary, stipend or wage for time spent in completing the requirements of the professional development program. I specifically waive any claim of right to such payment. I further consent and agree that the Board's presentation of this signed application/agreement to any administrative hearing officer, arbitrator or judicial officer shall be sufficient to defeat such claim.

5. **Payroll Withholding Authorization.** In the event the Board or its designee declares that I am obligated to repay the Board for tuition support under paragraphs 1, 2 or 3 above, I authorize the Board to obtain repayment from me by withholding fifteen percent (15%) of my gross wages or salary each payroll period until the entire amount of the tuition support paid by the Board is repaid by me or, in the event, that I have resigned or retired, to withhold the entire amount to be repaid from any vacation or sick leave payouts due me. I agree that the Board will be not required to take any other action to commence the withholdings authorized by this paragraph. I also agree that the Board may institute an action in any court of competent jurisdiction to obtain a judgment against me or my heirs for any tuition support repayment obligation not satisfied by the payroll withholding authorized by this paragraph.

6. **Authorization to Release Student Records.** I hereby authorize the educational institution described in Section II of this Application to release to the Chief Talent Officer, or their designee, of the Board of Education of the City of Chicago any and all of my student records maintained by the educational institution covering the period of the professional development program described in Section II of this Application/Agreement and I hereby release that educational institution from any all claims or demands arising out of its good faith release of such records to the Chief Talent Officer for the Board of Education of the City of Chicago.

Employee's Signature

Date

Employee's Printed Name

Employee's Home Telephone

Employee's Home Address

Employee's CPS e-mail Address

Employee's City, State and Zip Code

Employee's Personal e-mail Address

Section VI. Talent Office approval (Verify each component).

The Application/Agreement has been reviewed by the Talent Office.

- 1) Any additional specific program requirements have been tendered to the Applicant are attached to this Application/Agreement;
- 2) The number of post-program completion years has been correctly calculated and entered on the Application/Agreement;
- 3) The Applicant/Agreement has all required approvals and is complete in all respects;
- 4) Employee is eligible for tuition support in accordance with the Tuition Support Policy.

Approved: _____ **Date** _____

Routing: Upon approval, this application shall be routed to:

___ Personnel File ___ Sponsoring Department ___ Employee Supervisor ___ Employee