



Office of Business and Finance
201 N. Front Street, 8th Floor, Camden, New Jersey 08102
Telephone: 856-966-2136 Fax: 856-966-2186

CAMDEN CITY SCHOOL DISTRICT
TUITION REIMBURSEMENT AGREEMENT

I, _____ agree to accept the dollar amount designated by my tuition bill as tuition reimbursement subject to the following conditions:

1. I acknowledge that I must receive at least a grade of "C" or better.*
2. I agree to submit an official transcript promptly upon completion of the course(s).
3. I agree that I must remain an active employee of the District for three (3) full academic years after the completion of the course(s) for which tuition was paid.
4. I agree that I am responsible for repayment of the full amount of the tuition reimbursement received if I do not complete the full employment requirement after completing the course and receiving payment, except if dismissed for cause or non-renewal.
5. I understand and agree that payment will not be processed or received until all documentation, including transcripts, have been received.

Employee's Signature **Date**

Print Name

Business Administrator/Designee Signature

CCPSA members must receive a grade of "B" or better to receive tuition reimbursement.