

NORTHSHORE SCHOOL DISTRICT #417

Continuing Education Account (CEA) Reimbursement Form

Name: _____ Social Security # _____ Phone _____

List all qualifying personal continuing education expenses claimed per Article 50 of the Northshore School District/NSEA Agreement:

<u>Date</u>	<u>Category</u> <u>#1-8*</u>	<u>Description</u> Proof of Payment Required for Reimbursement: Original Receipts Canceled Checks (<i>front and back</i>)	<u>Amount</u>
Total Amount to be Reimbursed:			

Substitute costs (Category #9 and SEMS/Roadrunner Reason Code 29) authorized for deduction from my personal continuing education account. I understand that substitute costs are a direct CEA deduction.

<u>Date</u>	<u>Description</u>	<u>Full-Day</u>	<u>½ Day</u>	<u>Amount</u>
Substitute Costs to be Directly Charged to CEA:				

* Enter applicable category item number for each individual item to be claimed for reimbursement.

Note: Substitute costs, shall be a direct transaction only, between the District and Zenith Administrators, and not reimbursable to the claimant. Substitute costs are deducted first from CEA balance.

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|-----------------------------|---|----------------------|
| 1. Fees and Registrations | 4. Tuition | 6. Food (no alcohol) |
| 2. Professional Journals | 5. Materials (must relate specifically to workshop, conference, course) | 7. Lodging |
| 3. Professional Memberships | | 8. Travel |
9. Substitute Costs, ½ day or full-day only, for qualifying release to attend conferences, inservices, workshops, or for peer observation and collaboration within Northshore School District.

I submit and certify that the above claimed items were incurred for my personal continuing education, as authorized by Article 50 of the negotiated agreement. I further certify that the above claimed items are not being claimed for reimbursement from any other source.

(Signature) _____
(Date)

As the Principal/Administrator, I hereby certify that the above items are reasonable and consistent with Article 50 of the negotiated agreement.

(Signature) _____
(Date)

CLAIM FILING AND PROCESSING PROCEDURES

- Certificated Staff may access their Individual CEAs no more that three (3) times per school year.
- CEA funds are allocated on a pro-rated basis for certificated staff employed as of October 1st each year.
- Before submission to Zenith Administrators, this form must be fully completed, signed, certified, and have all applicable proof of payments attached for Categories #1-#7. It may then be faxed or mailed to Zenith Administrators. (Zenith Administrators will not process claims without the Principal/Administrator certification.)
- Claim requests must be made no later that August 31st of each applicable year. Claims received after that date will not be processed. Check your CEA balance on the web at: <https://www.myflexonline.com/Login/Welcome.aspx>
- Reimbursement will be deposited directly to your bank account. You will receive an e-mail notification when the deposit is made.