

THIS FORM MUST BE APPROVED BY SUPERINTENDENT PRIOR TO TAKING CLASSES IN ORDER FOR A REIMBURSEMENT

EDUCATIONAL REIMBURSEMENT APPLICATION

Courses are to be taken during the _____ school year.

Class Start Date: _____
 Class End Date: _____

NAME _____ BUILDING _____

In accordance with **ARTICLE 17.01** of the Teacher's Agreement, I am requesting reimbursement, at the rate per the negotiated agreement, for the following course(s):

COURSE #	COURSE(S)	SEM. HOURS	COLLEGE/UNIVERSITY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please note there will be a \$30,000.00 (total yearly) cap. Exceeding that amount will mean a % deduction across the board.)

I feel the above course(s) will meet the requirement of "subject area or related instructional skills" for the following reasons:

 Signature

I am asking the following action on your request for reimbursement for the course(s) noted below:

COURSE(S)	APPROVED	NOT APPROVED
_____	_____	_____
_____	_____	_____
_____	_____	_____

Courses not approved for the following reasons:

You will be reimbursed for the approved course(s) in the first possible pay following the October business meeting of the Board of Education, provided that you submit an **original transcript** documenting successful completion of a (B or P in pass-fail courses) and **proof of amount paid for the course(s)** taken on or before **August 30th**. Any teacher not returning to the school district in September automatically forfeits such payment. Any teacher resigning during the school year will have the payment deducted from final salaries.

 Superintendent Signature

Please submit to superintendent's office-this green form, original transcript, proof of payment by August 31st (NO EXCEPTIONS)