

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: _____

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 \$25,000.00 (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:

(Employee 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) _____ Date _____

Please submit to superintendent's office-this green form, original transcript, proof of payment by September 15th (NO EXCEPTIONS)