

REQUEST FOR APPROVAL OF COURSE CREDIT REIMBURSEMENT (\*See Note)

SUBMIT THIS FORM IN DUPLICATE WITH COMPLETED INTENT FORM ON REVERSE SIDE
\*NOTE - THIS FORM IS FOR APPROVAL ONLY

(Not to be submitted more than 30 days in advance of the first class)

1) No reimbursement will be issued unless this form is signed by the Superintendent / Asst. Superintendent prior to the starting date of the course. 2) Please reference your negotiated contract and /or policies for additional information regarding reimbursement of courses. 3) To obtain reimbursement after completion of course, a grade report is acceptable; please attach to blue Course Reimbursement Form. HOWEVER PLEASE REMEMBER, if you are applying for a salary track change, a grade report is not acceptable - you must submit an official, signed/sealed transcript.

NAME: SCHOOL: DATE

MAILING ADDRESS:

POSITION: SUBJECT AREA TAUGHT: GRADE LEVEL:

TITLE OF COURSE:

DATE COURSE BEGINS: DATE COURSE ENDS:
Month/Day/Year Month/Day/Year

UNIVERSITY/COLLEGE: Graduate Level? Undergraduate?

IS THIS COURSE FOR INITIAL CERTIFICATION?

THIS BOX MUST BE COMPLETED

NOTE: The maximum reimbursement is determined by contract.

Table with 2 columns: Item, Amount. Rows include # Credits, Cost per credit, Registration, Text/Materials, Total Expense.

COURSE DESCRIPTION:

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VERIFICATION OF REGISTRATION/COST REQUIRED WITHIN 14 DAYS

Explanation: Briefly explain (on the back of this form). 1) How this course will be useful to you in your present teaching assignment, and satisfy needs addressed in your Staff Development Plan or your evaluations. 2) How you will share the information with colleagues.

How many credits have been approved for you this fiscal year?

Employee's Signature Date

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Department Head Recommendation:

Principal's Recommendation:

Signature: Date:

Signature: Date:

Signature: Date:

Signature: Date:

Superintendent's /Asst. Superintendent's Approval

Date

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FOR OFFICE USE ONLY

Number of Credits Approved Previously

Content Action Taken: Approved Disapproved

Fiscal Year

\*\*Tentative Reimburse Rate \$

Date of Notification

\*\*Subject to maximum number of credits or limited by total budgeted amount per negotiated contracts.

REMEMBER: RE-SUBMIT THIS FORM WITH PROOF OF REGISTRATION & COST BY WEEK 2 OF COURSE.

## School Administrative Unit #9

### Intent Form

This form must be attached to CONFERENCE/WORKSHOP REQUEST (#21) or REQUEST FOR APPROVAL OF COURSE CREDIT REIMBURSEMENT (#23) forms to receive approval.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Workshop Title: \_\_\_\_\_

Date(s): \_\_\_\_\_

Conference Title: \_\_\_\_\_

Date(s): \_\_\_\_\_

Credit Course Title: \_\_\_\_\_

Date(s): \_\_\_\_\_

Explain briefly how this conference/workshop/credit course will impact the achievement of your students.

Explain how you plan to share information from this professional development activity. Specify the team(s), individual(s), and/or group(s) of interest and time frame you believe will work.