#  Continuing Education Form

#

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employee: |            |  |  |
| Course Name and Number: |            | Institution: |            |
| Credit Hours Earned: |            | Date Completed: |            |
|  |
|  |
| Course Details  |
| Please provide a brief description of the course taken in the space below

|  |
| --- |
| Credit/reimbursement request (check all that apply) |

      Requesting Credit for Movement on Negotiated Salary Schedule: From Lane to the Lane      Requesting Credit to Meet District Continuing Education Requirements      Requesting Reimbursement from My Continuing Education Account: Amount Requested $ .00      Requesting Reimbursement for Expenses (must be Title IIA eligible, have pre-approval from superintendent before course is taken, and be accompanied by a signed travel expense reimbursement voucher)      Requesting Credit Reimbursement for Approved Graduate Program: Credits at $200/credit=$ .00**Note: This form must be accompanied by updated transcripts indicating that the course has been completed and credit has been recorded by the credit granting institution, documentation of payment, AND a listing of continuing education credits by year for fulfillment of the requested change. This form is found on the next page. Unofficial copies of transcripts are acceptable. Registration forms or grade confirmation sheets are not acceptable documentation for recording credit or granting reimbursement.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Signature Date |
| For Office Use Only |
|  |

      Approval of Credit for Movement on Negotiated Salary Schedule: From Lane to the Lane

      Approval of Credit to Meet District Continuing Education Requirements

      Approval of Reimbursement from Continuing Education Account

      Approval of Reimbursement for Expenses

      Approval of Credit Reimbursement for Approved Graduate Program: $ .00

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature Date

Year Attended Course Name University # of Credits Cost