



# WEBSTER PUBLIC SCHOOLS

ADMINISTRATIVE OFFICE

## COURSE REIMBURSEMENT FORM

**STAFF INFORMATION:** Name: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

- Professional Status
- Non-Professional Status
- Instructional Assistant / ABA
- Other \_\_\_\_\_

**COURSE INFORMATION:** As outlined in Article XXIII, Section 1, courses must be graduate level, taken for professional improvement. ***Please include a copy of the Course Description.***

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

College / University: \_\_\_\_\_

Start / End Dates of Course: \_\_\_\_\_ / \_\_\_\_\_

Cost of Course: \_\_\_\_\_

Number of courses taken from July 1st of the current school year \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Approval :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please be sure there is a W9 on file with the Business Office before submitting this form. Once you have completed the course, please submit the Course Reimbursement Payment Request form along with all necessary documentation.*

\_\_\_\_\_ **CENTRAL OFFICE USE** \_\_\_\_\_

Contract Limit \_\_\_\_\_ Amount Reimbursable \_\_\_\_\_

Year-to-date \_\_\_\_\_ Requisition # \_\_\_\_\_ Sent for Payment \_\_\_\_\_