

# DARLINGTON COUNTY SCHOOL DISTRICT PROFESSIONAL EXAM/COURSE REIMBURSEMENT REQUEST FORM

<b>Name:</b>			
<b>School:</b>		<b>Position:</b>	
<b>SS#:</b>		<b>Certificate/License #:</b>	
<b>DCSD Vendor Number:</b>			
<b>I am requesting this reimbursement to become highly qualified in the area of:</b>			

**Note: Reimbursements are contingent upon the availability of funds.**

**PRAXIS INFORMATION (attach copy of Praxis scores):**

<b>Test Date:</b>		<b>(Test Area(s):</b>	
<b>Amount of Reimbursement Requested:</b>			

**COURSE INFORMATION (attach official transcript):**

<b>Title of Course:</b>		<b>University:</b>	
<b>Title of Course:</b>		<b>University:</b>	
<b>Title of Course:</b>		<b>University:</b>	
<b>Title of Course:</b>		<b>University:</b>	
<b>Amount of Reimbursement Requested:</b>			

**Please attach the following documentation:**

1. Copy of required passing exam score(s)  
and/or  
Official Transcript for required course
2. Copy of SDE worksheet
3. Original receipt with zero balance/canceled check

<b>Teacher's Signature:</b>	
<b>Date:</b>	

*Return this completed form to Lisa Bruce, Human Resources Coordinator*

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(For District Office Only)

Approved by: \_\_\_\_\_  
(Director of Title I/Date)

Approved by: \_\_\_\_\_  
(Assistant Superintendent for C & I/Date)

Approved by: \_\_\_\_\_  
(Executive Director of Human Resources/Date)

Amount Due: \_\_\_\_\_ District Vendor # \_\_\_\_\_

Acct #: \_\_\_\_\_