



Lake Worth ISD  
6805 Telephone Road Lake  
Worth, TX 76135  
817-306-4200 (p)  
817-238-1329 (f)

## TRAINING EXPENSE REIMBURSEMENT AUTHORIZATION FOR REGISTRATIONS COSTING \$1,000 OR MORE

I \_\_\_\_\_ understand that if for any reason I am  
Printed Name

unable to attend the training listed below, I will repay the District the cost of the training. I also understand that if I leave the employment of Lake Worth ISD within one (1) year of the below named training, I will repay the District for the cost of the training. I further understand and authorize the repayment to be made via payroll deduction on my first payroll following the training. If the repayment is due to my leaving the District; I understand and authorize the District to deduct the cost of the training from my last payroll.

Description of Training:

Cost of Training:

Date(s) of Training:

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Campus Principal/Dept. Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Business Office Personnel

\_\_\_\_\_  
Date