

PO# \_\_\_\_\_  
For Business Office

**Berlin-Boylston Public Schools**

**REQUEST FOR COURSE APPROVAL/REIMBURSEMENT APPROVAL**

All requests for course approval and reimbursement must be received by the Principal *at least two (2) weeks prior to registration*. To be assured of approval of your request, a copy of this form signed by both the Principal and the Superintendent must be received by you prior to attending the course.

- Attach a description of the course for which you are requesting approval.
- A separate form must be completed for each course for which you are requesting approval.
- In order to receive reimbursement after an approved course has been completed, attach course grade and proof of payment to this completed approval form and submit to the Business Office.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

YOUR SCHOOL: \_\_\_\_\_ POSITION: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_ COURSE DATE: \_\_\_\_\_

CREDITS: \_\_\_\_\_ SEMESTER: \_\_\_\_\_ COST: \_\_\_\_\_

**Check all that apply**

I intend to use this course to meet the requirements for a change in salary category.

I intend to request reimbursement for this course.

Principal  APPROVED  DISAPPROVED Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Purchase Requisition #: \_\_\_\_\_

Personnel Course(s) previously approved and taken this fiscal year?:  Yes  No

Total reimbursement approved to date for this fiscal year : \_\_\_\_\_

Employee is entitled to benefit in the amount of: \$ \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent	<u>Course</u>	<u>Reimbursement</u>	
	<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED	Signature: _____
	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> DISAPPROVED	Date: _____

Reason (if any) for disapproval of request: \_\_\_\_\_

Dir. of Finance Funds encumbered  Yes  No Ref. # : \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel	<input type="checkbox"/> Copy to Employee	Date: _____
	<input type="checkbox"/> Grades/POP Received	Date: _____
	<input type="checkbox"/> To A/P for Reimbursement	Date: _____
	<input type="checkbox"/> Personnel File/Recorded	Date: _____