

PERSONNEL

5490P

CREDIT/CONTINUING EDUCATION REIMBURSEMENT REQUEST – EDUCATIONAL ADVANCEMENT ASSISTANCE

All employees who will be returning for the subsequent year desiring to participate in credit reimbursement must submit the request to the superintendent/or business manager for approval prior to enrollment. Courses must complement or relate directly to the employee’s assignment, be part of an advanced degree, or be a part of the employee’s approved professional growth plan. Additional credit may be allowed upon approval of the superintendent prior to taking the class. Criterion used will be the improvement of instruction. Upon receipt of an official transcript of credits earned or other valid documentation, and proof of payment, the district will reimburse the employee up to (\$300 per year prorated based on employee current FTE) but not more than the cost of the semester credit earned and paid by the employee in any one year between September 1 and August 31 of each school year.

Course Name _____ Course No. _____ Sem. Credits _____

College or University _____ Beginning date: _____

Semester: Fall ____ Spring ____ Summer ____ Completion date: _____

Course Description/Remarks:

Teaching assignment and building: _____

I certify that this course (mark any that apply):

_____ complements or relates directly to my assignment

_____ is part of an advanced degree

_____ is part of my approved professional growth plan (individual development plan) on file

OR

If not one of the above, I request the superintendent’s approval for the following reason:

The tuition charge I paid for this course was \$ _____ **receipt and proof of completion required**

Print name: _____ Signature: _____

Approved for payment \$ _____ Budget code: _____

Superintendent or designee signature: _____ Date _____

