

**CHAMBERSBURG AREA SCHOOL
DISTRICT SUPPORT STAFF TUITION
REIMBURSEMENT PRE-APPROVAL FORM**

Dr. Crystal Lautenslager, Director of Curriculum & Instruction
Administration Building
435 Stanley Avenue, Chambersburg, PA 17201

Application is hereby made for pre-approval of the following course to be taken for reimbursement as stipulated under Agreements.

ALL TRAINING SHOULD BE PRE-APPROVED BY IMMEDIATE SUPERVISOR.

Applicant Name (please print): _____

Job Title: _____ Building: _____

Course Name: _____

Course Number: _____

Course Begins: _____ Course Ends: _____

Institution: _____

Credits/Instructional Hours: _____

Cost per Credit: _____

Purpose of Taking Course: (Please check appropriate line(s))

_____ Certification _____
(Please attach a copy of your program showing relationship to current job)

_____ Degree Program _____
(Please attach a copy of your university approved program showing relationship to current job)

_____ Other _____
(Please attach the following information – course outline; explanation showing appropriateness of course to current job)

For District Use Only:

Approved: _____
Immediate Supervisor

Denied: _____
Immediate Supervisor

Approved: _____
Director Curriculum & Instruction

Denied: _____
Director Curriculum & Instruction

Date: _____

Amount: _____

Acct#: _____

Employee Signature

Employee Street Address

City State Zip

Date