

**YAMHILL CARLTON SCHOOL DISTRICT
GRADUATE LEVEL COURSEWORK REIMBURSEMENT PRE-APPROVAL FORM
STEP 1 PRE-APPROVAL**

Employee Name: _____ Position: _____ School: _____
Employee Status: Full-time Part-time

In order for the Administrator or Superintendent to make a decision about this request, the employee must:

- Fill out and submit this pre-approval form **at least two weeks prior** to the start of class(es).
- Attach a copy of published materials showing the name of course, provider, dates and cost.
Employee is responsible for registering for class(es).

Please fill out the information below regarding proposed classes:

Class #	Class Title	College/University	Start Date of Class	End Date of Class	Credits	Credit Cost	Total Tuition*

**The first course (up to 4 credits) will be reimbursed after a request for reimbursement along with the required paperwork (see below) has been submitted. Credits will be reimbursed up to the PSU rate or the exact cost, whichever is lower. The remaining credits will be paid on the last work day in June and may be prorated based on the availability of funds.*

If approved, will you request that completed hours be counted for salary advancement**? Yes No

I am submitting the completed form with all applicable back up to my Administrator for approval prior to registering for the course.

Employee Signature: _____ Date: _____

Upon approval, you will be notified to register for the course. Following successful completion of the course, submit reimbursement request, proof of payment, and grades (B or better) to Human Resources for reimbursement approval within 8 weeks of the course end date.

****Important Notification:**

It is important to remember that upon completion of the class(es) listed above, you must complete the Tuition Reimbursement Request and/or Salary Advance paperwork by the appropriate deadlines.

Supervisor Approval Needed:

The above graduate level class is: Denied Approved

Supervisor Signature: _____ Date Signed: _____

DISTRICT OFFICE USE ONLY:

HR/AP APPROVAL & PROCESSING

Approved Number of Credits Approved: ____/\$____ Date Received _____ PO #: _____

Not Approved Comments: _____

Superintendent Signature: _____ Date: _____