

**CHAMBERSBURG AREA SCHOOL DISTRICT
NON-BARGAINING 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

**CHAMBERSBURG AREA SCHOOL DISTRICT
NON-BARGAINING SALARY ADVANCEMENT
FORM**

NAME:	DATE:
BUILDING:	JOB TITLE:

In order for Salary Advancement to take place a form like this one must be completed and returned to Missy Hockenberry in the District Administrative Office. This form can be located under “Forms” on the Human Resources web page (www.casdonline.org/hr). The following timeline should be followed:

July 1st Pay:

- Form must be submitted by the time your last class is completed **but not later than June 15th**

January 1st Pay:

- Form must be submitted by the time your last class is completed **but not later than December 15th**
- Please check the appropriate eligibility below.

Each Blocked Checked = 45 hours completed instruction

☐ (total hours) _____

☐ (total hours) _____

☐ (total hours) _____

\$160 salary adjustment for each block of 45 hours of completed instruction.

***Please note carryover hours (if any) towards next block of 45 _____**

Date Received: _____
(OFFICE USE ONLY)