

Form 2

Certified Teaching Assistants, Teacher Aides, LPN/Teacher Aides, Occupational Therapy Assistants, Physical Therapy Assistants, and School Monitors

Notice of Course Completion for Reimbursement

PER ARTICLE 8.1.C. of the UBTAO Contract

The BOCES will reimburse up to **\$1,500.00** per unit member per year toward the cost of coursework that meets the following criteria:

- a. The coursework is functionally related to the field in which the unit member works.
- b. The coursework is scheduled outside of working hours.
- c. The unit member must receive prior approval from the District Superintendent or his/her designee.
- d. The unit member must submit evidence of successful completion of course prior to reimbursement. (Transcript, certificate or other form of evidence showing completion of course)

Name: _____

Title of Course/Workshop: _____

Conducted by: _____

Brief Description of Course: _____

Starting Date: _____ Number of Sessions: _____

Completion Date: _____ Length of Each Session: _____

Cost of Tuition: _____ Instructors Name: _____

Date: _____ Unit Member: _____

Date: _____ Assistant Superintendent: _____

Date: _____ District Superintendent: _____

Please Attach All Necessary Paperwork as Indicated in Items 'c' and 'd'