RSU No. 5 DURHAM - FREEPORT - POWNAL
SUPPORT STAFF/ADMINISTRATORS-
PROFESSIONAL COURSE REQUEST

Name: _____ Date: _____

RSU5 Grade/Subject Assignment: _____ FHS ☐ FMS ☐ MLS ☐ MSS ☐ DCS ☐ PES ☐

I hereby request the following courses/professional development for reimbursement purposes which I plan to take during the school year: _____

Are you enrolled in a Matriculated Program? Yes ☐ No ☐

Name of Diploma/Degree: _____ Major Field of Study: _____

School/ University Name	Course #	Course Title	Begin Date (mm/yy)	End Date (mm/yy)	No. of Credits	Cost per Credit*	Online/ In-Person/ Combined

Total Credits: _____

- Reimbursement will be paid at the current USM rate with proof of registration.
- Compensation will only be provided for pre-approved courses
- Fees not included
- Please refer to your CBA/Benefits summary for credit eligibility

Transcript must be sent to HR within 60 days of completion of your class. I hereby authorize RSU5 to deduct from my pay, in accordance with my CBA/Benefits Summary, to reimburse RSU5 if I obtain a grade less than a B or pass.

_____ _____

(Employee's Signature) (Supervisor's Signature)

Approved: _____

(Superintendent's Signature)

Revised: 6/2026ar