



CLASSIFIED 2026-27

COURSE/WORKSHOP PRE-APPROVAL AND REQUEST FOR REIMBURSEMENT

FROM SFCE FUNDS ONLY

Employee Name: _____

School: _____

Directions for reimbursement:

- Get approval prior to registration by **COMPLETING** this form and submitting to your building administrator then to HR at the district office
- Once approval received, register for course/workshop
- Return approved form with complete proof of paid tuition/registration to District Office
- Return proof of completion within 90 days of course end date to receive reimbursement

Course(s)/Workshop for which reimbursement is requested:				
Course/Workshop Title:				
Tuition/registration fee:				\$
Course start date:		Course end date:		
Date(s) of workshop:				
Total amount of reimbursement requested*:				\$

*Approval of course does not guarantee full amount for reimbursement. Reimbursement will be based on employee's account balance and current CBA language, not to exceed \$1000 per year.

By signing below, I agree to submit documentation of either successful completion (transcript)/attendance within 90 days of conference/course end date or verification of withdrawal/cancellation from course/workshop whereby fee shall be returned to Scappoose School District.

Date: _____

Employee Signature: _____

Building Administrator pre-approval:

Date: _____

Signature: _____

HR Administrator or Designee pre-approval

Date: _____

Signature: _____

Description of course/workshop: _____

How will course/workshop apply to your position?

How is it in the District's interest to invest in this course/workshop? _____

(Attach supporting documentation for ALL of the above including costs)
