



CERTIFIED 2026-27

COURSE/WORKSHOP PRE-APPROVAL AND REQUEST FOR REIMBURSEMENT
FROM SEA FUNDS ONLY

Employee Name: _____ School: _____

Directions for reimbursement:

- Get approval from Superintendent prior to registration by **COMPLETING** this form in it's entirety, attaching supporting documentation and submitting to the Human Resources Manager.
- Once approval received, register for course/workshop/conference
- Submit proof of paid tuition/expenses to HR. Mileage Reimbursement and Per Diem will need to be submitted through AP forms to HR. Please allow 10-15 business days for reimbursement.

Course(s)/Workshop/Conference for which reimbursement is requested:			
Course/Workshop Title:			
Tuition/registration fee:			\$
Start Date:		End Date:	
Lodging:	# nights:	Hotel:	\$
Travel:	Mode:	If mileage, # miles:	\$
Substitute costs:	# days	@ \$300.05 per day	\$
Per Diem (per GSA):			\$
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.

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: _____

Superintendent pre-approval:

Date: _____ Signature: _____

Description: _____

How will course/conference/workshop apply to teaching? _____

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

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