CONFIDENTIAL 2026-27

COURSE/WORKSHOP PRE-APPROVAL AND REQUEST FOR REIMBURSEMENT

Employee Name: _____ School:_____

Directions for reimbursement:

- **Get approval from Superintendent prior to registration by COMPLETING this form and submitting to the Human Resources Manager.**
- **Once approval received, register for course/workshop/conference**
- **Return approved form with complete proof of paid tuition/expenses to HR. Mileage Reimbursement and Per Diem will need to be submitted through AP forms to HR.**

Course(s)/Workshop for which reimbursement is requested:				
Course/Workshop Title:				
Tuition/registration fee:				$
Start Date:		**End Date:**		
Lodging:	# nights:	Hotel:		$
Travel:	Mode:	If mileage, # miles:		$
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 contract 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 of course/workshop: _____

_____

How will course/workshop apply to teaching? _____

_____

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

_____

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