

REQUEST FOR APPROVAL OF COURSE CREDIT REIMBURSEMENT (*See Note)

SUBMIT THIS FORM IN DUPLICATE WITH COMPLETED INTENT FORM ON REVERSE SIDE
***NOTE - THIS FORM IS FOR APPROVAL ONLY**

(Not to be submitted more than 30 days in advance of the first class)

1) No reimbursement will be issued unless this form is signed by the Superintendent / Asst. Superintendent prior to the starting date of the course. **2)** Please reference your negotiated contract and /or policies for additional information regarding reimbursement of courses. **3)** To obtain reimbursement after completion of course, a grade report is acceptable; please attach to blue Course Reimbursement Form. **HOWEVER PLEASE REMEMBER**, if you are applying for a salary track change, a grade report is not acceptable - you must submit an official, signed/sealed transcript.

NAME: _____ SCHOOL: _____ DATE _____

MAILING ADDRESS: _____

POSITION: _____ SUBJECT AREA TAUGHT: _____ GRADE LEVEL: _____

TITLE OF COURSE: _____

DATE COURSE BEGINS: _____ DATE COURSE ENDS: _____
Month/Day/Year Month/Day/Year

UNIVERSITY/COLLEGE: _____ Graduate Level? _____ Undergraduate? _____

IS THIS COURSE FOR INITIAL CERTIFICATION? _____

THIS BOX MUST BE COMPLETED

NOTE: The maximum reimbursement is determined by contract.

# Credits _____ Cost per credit \$ _____ =	\$ _____
Registration =	\$ _____
Text/Materials =	\$ _____
Total Expense =	\$ _____

COURSE DESCRIPTION: _____

VERIFICATION OF REGISTRATION/COST REQUIRED WITHIN 14 DAYS

Explanation: Briefly explain (on the back of this form). 1) How this course will be useful to you in your present teaching assignment, and satisfy needs addressed in your Staff Development Plan or your evaluations. 2) How you will share the information with colleagues.

How many credits have been approved for you this fiscal year? _____

Employee's Signature _____ Date _____

Department Head Recommendation:

Principal's Recommendation:

Signature: _____ Date: _____

Signature: _____ Date: _____

Superintendent's /Asst. Superintendent's Approval

Date

FOR OFFICE USE ONLY

Number of Credits Approved Previously _____

Content Action Taken: Approved _____ Disapproved _____

Fiscal Year _____ **Tentative Reimburse Rate \$ _____

Date of Notification _____

**Subject to maximum number of credits or limited by total budgeted amount per negotiated contracts.

REMEMBER: RE-SUBMIT THIS FORM WITH PROOF OF REGISTRATION & COST BY WEEK 2 OF COURSE.

School Administrative Unit #9

Intent Form

This form must be attached to CONFERENCE/WORKSHOP REQUEST (#21) or REQUEST FOR APPROVAL OF COURSE CREDIT REIMBURSEMENT (#23) forms to receive approval.

Name: _____

Date: _____

Workshop Title: _____

Date(s): _____

Conference Title: _____

Date(s): _____

Credit Course Title: _____

Date(s): _____

Explain briefly how this conference/workshop/credit course will impact the achievement of your students.

Explain how you plan to share information from this professional development activity. Specify the team(s), individual(s), and/or group(s) of interest and time frame you believe will work.