

**COURSE APPROVAL AND REIMBURSEMENT REQUEST FORM    Unit A**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Street, City, State, Zip)

SCHOOL/BUILDING: \_\_\_\_\_

SUBJECT/GRADE: \_\_\_\_\_

NAME OF COURSE: \_\_\_\_\_

NUMBER OF COLLEGE CREDITS: \_\_\_\_\_  
(Minimum of three (3) credits) PDPs and CEUs ARE NOT eligible.

ACTUAL COST OF COURSE TO EMPLOYEE: \_\_\_\_\_

OFFERED BY: \_\_\_\_\_  
(Name of College/University/Etc. Issuing Credits)

WHEN IS IT OFFERED: \_\_\_\_\_  
(Start/End Date)

WHAT PROFESSIONAL, SCHOOL OR DISTRICT GOAL(S) WILL THIS COURSE HELP YOU WORK TOWARD?

***REIMBURSEMENT STEPS***

**1. Approval Process**

**Attach** any pertinent documentation, (flyer, course description, etc.) that may apply **including a completed W-9.**  
**Submit to the Human Capital Services (Rm. 101) for approval in advance of taking the course. ALL FORMS**  
**MUST BE IN BEFORE THE COURSE STARTS.**

Course Approval    ☐ W-9 Attached

COURSE APPROVED: \_\_\_\_\_

COURSE NOT APPROVED: \_\_\_\_\_

\_\_\_\_\_  
Deputy Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director of HCS

\_\_\_\_\_  
Date

**2. Process for Reimbursement**

Upon completion of the course, submit an **OFFICIAL COLLEGE TRANSCRIPT, PROOF OF PAYMENT**, and **THIS FORM** that shows the Deputy Superintendent's Office approval to the **Human Capital Services office as soon as possible.** The Executive Director of HCS will then verify it for reimbursement.

**Verified for Reimbursement**    ☐ Course Approval/Reimbursement Form    ☐ Official College Transcript    ☐ Proof of Payment

\_\_\_\_\_  
Executive Director of HCS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vendor #

**All Evidence Must Be Received No Later Than June 1<sup>st</sup> for Payment by June 30<sup>th</sup>**

**NOTE:** Reimbursement (**\$1,000.00 maximum**) is subject to satisfactory grade, as noted in N.B.E.A., Unit A Contract, Article XXXII, Paragraphs B1, B2, B3 & B4.

**COURSE APPROVAL AND REIMBURSEMENT REQUEST FORM    Unit B**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Street, City, State, Zip)

SCHOOL/BUILDING: \_\_\_\_\_

SUBJECT/GRADE: \_\_\_\_\_

NAME OF COURSE: \_\_\_\_\_

NUMBER OF COLLEGE CREDITS: \_\_\_\_\_  
(Minimum of three (3) credits) PDPs and CEUs ARE NOT eligible.

ACTUAL COST OF COURSE TO EMPLOYEE: \_\_\_\_\_

OFFERED BY: \_\_\_\_\_  
(Name of College/University/Etc. Issuing Credits)

WHEN IS IT OFFERED: \_\_\_\_\_  
(Start/End Date)

WHAT PROFESSIONAL, SCHOOL OR DISTRICT GOAL(S) WILL THIS COURSE HELP YOU WORK TOWARD?

***REIMBURSEMENT STEPS***

**1. Approval Process**

**Attach** any pertinent documentation, (flyer, course description, etc.) that may apply **including a completed W-9.**  
**Submit to the Human Capital Services (Rm. 101) for approval in advance of taking the course. ALL FORMS**  
**MUST BE IN BEFORE THE COURSE STARTS.**

**Course Approval    ☐ W-9 Attached**

COURSE APPROVED: \_\_\_\_\_

COURSE NOT APPROVED: \_\_\_\_\_

\_\_\_\_\_  
Deputy Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director of HCS

\_\_\_\_\_  
Date

**2. Process for Reimbursement**

Upon completion of the course, submit an **OFFICIAL COLLEGE TRANSCRIPT, PROOF OF PAYMENT**, and **THIS FORM** that shows the Deputy Superintendent's Office approval to the **Human Capital Services office as soon as possible.** The Executive Director of HSC will then verify it for reimbursement.

**Verified for Reimbursement**    ☐ Course Approval/Reimbursement Form    ☐ Official College Transcript    ☐ Proof of Payment

\_\_\_\_\_  
Executive Director of HCS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vendor #

**All Evidence Must Be Received No Later Than June 15 for Payment by June 30<sup>th</sup>**

**NOTE:** Reimbursement (\$800 maximum) is subject to satisfactory grade, as noted in N.B.E.A., Unit B Contract, Article XXV, Paragraphs A1 & A2.