

COURSE APPROVAL/REIMBURSEMENT FORM

1. **SECTION A:** Completed by the school employee. **SECTION B:** Must have a Principal's (or Director's) signature before submitting a request to the Assistant Superintendent for **FINAL** approval.
2. Reimbursement as per current employees' agreement with the Plymouth School Committee for tuition and fees: no travel, room/board, books, or materials are to be included.
3. Maximum reimbursement per fiscal year (July 1 – June 30) per current employees' agreement with the Plymouth School Committee.
4. The School Department will reimburse up to three (3) graduate courses of up to four (4) semester hours each that are satisfactorily completed per fiscal year.
5. **SECTION C:** Completed by the employee within 30 days of course completion. Proof of payment is required for reimbursement:
 *Credit Card statement *Canceled check (front & back) *Receipt from Student Loan/College
Your name **MUST** appear on your proof of payment.
6. HR requires an *official transcript* within 90 days of course completion. Payment is not be processed until the transcript is received.

SECTION A:

Name: _____	School: _____
School Position: _____	Course Number: 1 <input type="checkbox"/> 2 <input type="checkbox"/>
PURCHASE ORDER NO: _____	3 <input type="checkbox"/> 4+ <input type="checkbox"/>

<p><u>COURSE INFORMATION</u></p> <p>COLLEGE: _____</p> <p>COURSE #: _____ COURSE CREDITS _____</p> <p>COURSE TITLE: _____</p> <p>_____</p> <p>COURSE START DATE: ____/____/____ NO FLEX DATES</p> <p>COURSE END DATE: ____/____/____ NO FLEX DATES</p> <p>ESTIMATED COST: \$ _____</p>	<p><u>STATEMENT</u> (Briefly describe how this course will improve your performance in your particular assignment or how it is beneficial to the district as a whole.)</p>
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SECTION B:

ADMINISTRATOR RECOMMENDATIONS

<p>1. PRINCIPAL/DIRECTOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></p> <p style="text-align: center;">Signature: _____ Date: _____</p>	<p>Central Office Use Only.</p> <p>.....</p> <p>FY: _____</p> <p>Course #: _____</p> <p>Approved Amount: _____</p> <p>Transcript: _____</p>
<p>2 ASST. SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></p> <p style="text-align: center;">Signature: _____ Date: _____</p>	

SECTION C

EMPLOYEE REIMBURSEMENT REQUEST (PROOF OF PAYMENT REQUIRED)

<p>ACTUAL COST: TUITION & FEES</p>	<p>REIMBURSEMENT AMOUNT: (% PER CURRENT CONTRACT AGREEMENT)</p>
<p>EMPLOYEE SIGNATURE</p>	<p>DATE:</p>