

Appendix F

PROFESSIONAL GROWTH REIMBURSEMENT APPLICATION FORM

******* THIS FORM MUST BE SUBMITTED PRIOR TO ENROLLING IN COURSE(S) FOR WHICH REIMBURSEMENT IS REQUESTED**

Name of Bargaining Unit Member _____

Date of Request _____ School Year _____

Title of Course _____

Course # _____

Date/Term of Course _____

College, University or Institution _____

Course Credit Hour(s) _____

Course Fee _____

Description of Course _____

Signature of Applicant _____

In order to receive reimbursement in the current fiscal year, bargaining unit members must submit verification of course completion in the form of a transcript to the Superintendent no later than June 1.

Approval of Superintendent _____

Approval Date _____

For Additional Information please consult Article 13.07 Professional Growth of the Master Agreement