

Explain how the course will help improve student learning and how that can be measured:

Explain how your taking this course will benefit the school or district and your colleagues:

Approved Not Approved

Reason for Disapproval:

Principal/Supervisor's Signature: _____ Date: _____

PART 2 – PART 2 – Request for Reimbursement *To be submitted, along with a copy of Part 1 approval, to Director of Human Resources upon completion of course and no later than September 10, 2022. Attach copy of receipt from college or university showing payment and attach a copy of the transcript showing successful completion of course.*

Date course was completed: _____ Credits Earned: _____

Total amount of reimbursement requested: _____

Employee's Signature: _____ Date: _____

Director of Human Resources Signature: _____ Date: _____

Amount of reimbursement approved: _____