

**PENTUCKET REGIONAL SCHOOL DISTRICT**  
**Professional Reimbursement – See Article XXII D of Contract**

**THIS SECTION TO BE COMPLETED BY TEACHER**

Name of Teacher \_\_\_\_\_

Name and Number of course/workshop for credit \_\_\_\_\_

Date of course \_\_\_\_\_

Taken at what college or location? \_\_\_\_\_

Credits requested and allowed \_\_\_\_\_ Cost \_\_\_\_\_

Attach cost verification and grade report and copy of Request for Course Approval Form.

Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS POINT**

**OFFICE USE:**

Have the following criteria been met?

- a. Was the course approved? \_\_\_\_\_
- b. Have grade reports been filed? \_\_\_\_\_
- c. Have cost verifications been submitted? \_\_\_\_\_
- d. Total reimbursement in past two years. \_\_\_\_\_

Approved for reimbursement (check if yes) \_\_\_\_\_ If not approved, reasons for non-approval \_\_\_\_\_

Cost Approval \$ \_\_\_\_\_ Date \_\_\_\_\_

Assistant Superintendent's Signature \_\_\_\_\_

Reimbursement requests must be filed within one month of receipt of grades. Failure to submit in a timely fashion will result in loss of payment.

**Reimbursement Fees**  
Registration  
Tuition  
Library  
Computer

**Non-reimbursable**  
Activity Fees  
Travel  
Meals  
Housing  
Books