

VERMILION LOCAL SCHOOL DISTRICT COLLEGE CREDIT REIMBURSEMENT REQUEST

_____ NAME

_____ SCHOOL YEAR

Request for approval of reimbursement must be made BEFORE COURSE COMPLETION

As per the Memorandum of Grievance Resolution dated March 31, 1998, courses which qualify for reimbursement may not count for advancement on the salary schedule or license upgrade. Only graduate (semester/quarter) hours qualify for advancement on the salary schedule.

_____ I am taking courses for graduate credit.

I wish to receive 50% reimbursement or \$1500, whichever is less, as per Article 12.01 in the Negotiated Agreement. Before I can receive reimbursement, I understand I must present satisfactory documentation (original receipts) of costs for course(s) and textbooks. Official transcript of grades showing satisfactory completion of the course work must also be sent to the superintendent's office.

ATTACHED TO THIS REQUEST IS A COPY OF THE INSTITUTION'S CATALOG COURSE DESCRIPTION.

**NOTE: Deadline to submit receipts and transcript of grades is September 30.
Payment will be made by October 15.**

COURSES REQUESTED FOR REIMBURSEMENT:

UNIVERSITY NAME	COURSE NAME	COURSE #	# OF HOURS	COST

_____ Date

_____ Signature of Applicant

_____ Date

_____ Signature of Superintendent

-----DO NOT WRITE BELOW THIS LINE-----

Total Amount for Courses Taken: \$ _____ Reimbursement Total: \$ _____

- _____ Received Course Description
- _____ Received Receipts
- _____ Received Transcripts/Grade