

**COLLEGE COURSE REIMBURSEMENT APPLICATION**

*(Submit in Duplicate)*

**EMPLOYEE SECTION**

The employee must complete this form and have it submitted with the required materials to the Superintendent's office no later than twenty (20) school days after receiving an official grade sheet from the college or university attended.

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Article XI of the Agreement between the Lordstown Board of Education and the Lordstown Teachers Association states that reimbursement shall be made to an employee for college credit courses in his/her area of certification or assignment or in an institutionally approved graduate program in education.

Give below, the title of the course(s) taken and the information required to confirm compliance with the criteria stated in the agreement. A single course may comply with the criteria in more than one category. If more than two courses are involved, attach statement with additional information.

Title of course(s)	In area of:	In area of:	A part of:
	Certification	Assignment	Degree Program
_____	Specify Subject _____	Specify Duty _____	Specify Program _____
	Certification	Assignment	Degree Program
_____	Specify Subject _____	Specify Duty _____	Specify Program _____

**REIMBURSABLE COSTS**

The employee must attach to this form (1) The official receipts for all costs for which reimbursement is being sought and (2) The original copy of the grade sheet for the courses taken. An employee who seeks reimbursement for textbook expenses must submit the pertinent textbooks to the professional library in his/her building. Also, the original grade sheet may, upon request, be stamped and returned to the employee by the Treasurer's office.

Tuition	\$ _____	
General and/or Matriculation Fee	\$ _____	
Seminar and Workshop Fees	\$ _____	
Laboratory Fees	\$ _____	
Textbooks Expenses	\$ _____	
Total of above lines	\$ _____	
Personal Value Deduction (Subtract)	\$ 5.00	
Amount to be Reimbursed	\$ _____	

Signature of Employee \_\_\_\_\_

\*see back side of copy

This completed form shall be stamped by the principal or his/her designee with the date and time it was submitted by the teacher and a copy shall be given to the teacher.

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ADMINISTRATIVE SECTION

Date Received \_\_\_\_\_

Date Received \_\_\_\_\_

\_\_\_\_\_  
(Signature of Superintendent)

\_\_\_\_\_  
(Signature of Treasurer)