



## PROFESSIONAL GROWTH REIMBURSEMENT FORM

### SECTION I (to be completed by Staff Member)

EMPLOYEE NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ ASSIGNMENT: \_\_\_\_\_

COURSE NAME AND NUMBER	NUMBER OF GRADUATE CREDITS	NUMBER OF UNDERGRADUATE CREDITS	COURSE START DATE	COURSE END DATE

NAME OF COLLEGE OR UNIVERSITY: \_\_\_\_\_

LOCATION OF ACTIVITY: \_\_\_\_\_

- EVIDENCE OF COMPLETION MUST BE ATTACHED (TRANSCRIPT, CERTIFICATE, WRITTEN REPORT, ETC.)
- EVIDENCE OF PAYMENT MUST BE ATTACHED (RECEIPT, CANCELED CHECK, STATEMENT, ETC.)
- ONLY CREDITS AWARDED BY A DEGREE-GRANTING INSTITUTION AND APPROVED BY THE WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION FOR LICENSE RENEWAL WILL BE APPROVED.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(Staff Member)

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### SECTION II (to be completed by Building Principal/Director)

REIMBURSEMENT REQUESTED:

\_\_\_\_\_ Credits at \$ \_\_\_\_\_ Per Credit = \$ \_\_\_\_\_

(Total Number)

(Rate)

(The reimbursement amount will be the actual cost of tuition, or the current rate per credit, whichever is less)

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

(Building Principal/Director)

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### SECTION III (to be completed by Director of Human Resources)

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

(Director of Human Resources)

ACCOUNT NUMBER: \_\_\_\_\_