

Neenah Joint School District

PROFESSIONAL GROWTH REIMBURSEMENT FORM

SECTION I (TO BE COMPLETED BY STAFF MEMBER)

EMPLOYEE NAME: _____
(Last Name) (First Name) (Middle Initial)

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, CANCELLED CHECK, ETC.)

SIGNED: _____ DATE: _____
(Staff Member)

ONLY CREDITS AWARDED BY A DEGREE-GRANTING INSTITUTION AND APPROVED BY THE WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION FOR LICENSE RENEWAL WILL BE APPROVED.

SECTION II (TO BE COMPLETED BY BUILDING PRINCIPAL)

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: _____
(Building Principal) (Date)

SECTION III (FOR HR OFFICE USE ONLY)

APPROVED BY: _____
(Director or Designee) (Date)

REASON IF DENIED: _____

White – Employee Copy Pink – Principal Copy Yellow – Personnel File Copy Blue – Business Office Copy