

REIMBURSEMENT

*****Must have approved coursework application on file.***
 TO RECEIVE COURSEWORK REIMBURSEMENT, **ALL** PAPERWORK NEEDS TO BE SUBMITTED TO THE
 SUPERINTENDENT'S OFFICE NO LATER THAN **SEPTEMBER 15TH.****

NAME: _____ Last 4 digits of SS#: _____

HOME STREET ADDRESS: _____

CITY/STATE/ZIP: _____

I have completed the following coursework and attached a grade report or transcript and documentation of payment for tuition costs made to the college/university. Additionally, I certify that the amount of reimbursement requested aligns with the amount I personally paid (within Policy Guidelines).

COURSEWORK NUMBER: _____ (only 1 course per request form)

COURSEWORK TITLE: _____

COLLEGE/UNIVERSITY: _____

Check one: Semester Hours # of hours earned: _____
 Quarter Hours # of hours earned: _____

Are you employed by NwOESC under a supplemental or alternative license?
 Check one: Yes
 No

Employee's Signature _____ Date _____

PAYMENTS FOR COURSEWORK ARE MADE TO **CURRENT** EMPLOYEES IN OCTOBER OF EACH YEAR.

*****OFFICE USE*****

Approval is given to make reimbursement based on the successful completion of semester/quarter hours.

Superintendent's Signature _____ Date _____

Method of calculation for reimbursement		Add'l Allowance
<input type="checkbox"/> semester hours @ \$200.00 per credit hour =	\$	\$
<input type="checkbox"/> quarter hours @ \$133.00 per credit hour =	\$	\$
Amount available after division of funds among participants =	\$	\$
Amount available from \$1,200.00 individual maximum =	\$	\$
Amount available from additional \$1,200.00...temporary certificate =	\$	\$
TOTAL AMOUNT APPROVED FOR REIMBURSEMENT	\$	\$