

**Continental Local School
Credit Reimbursement Request**

All teachers shall be eligible to participate in the professional growth reimbursement program. Reimbursements will be made on a first come, first served basis until the fund is exhausted. Reimbursement will be issued at \$200.00 per semester hour or \$145.00 per quarter hour with a maximum fund amount of \$8,000.00 per year. Those credit hours not reimbursed because of the exhaustion of the funds will be first paid in the succeeding year's fund. Eligible course work must be approved by the Superintendent **in advance** of the completion of such work.

(Print or type)
Teacher Name _____ Date of Request _____

Certification/License
Type _____

Grades _____ Area(s) _____

Name of accredited college/university that course credit will be issued from. Please provide print out of accreditation.

Course Title and Course Number	Sem. Hrs.	Qtr. Hrs.
_____	_____	_____
_____	_____	_____

Dates of Class Attendance – from _____ to _____

Teacher Signature: _____

Please check that you have included:	Accreditation Included	Number of Courses Being Taken

_____ Approved for reimbursement (upon successful completion of course work and receipt of record or grade(s), and receipt of payment)

_____ Not Approved – Reason: _____

Superintendent Signature _____ Date _____

Upon completion of class, please submit:

- 1. Proof of payment for class (invoice from university/college showing cost & payment)**
- 2. Copy of grade received (must be C+ or higher)**

Those teachers who are reimbursed for classes will be required to remain in the district for two years after reimbursement is made, otherwise, reimbursement must be paid back to the district. If employee fails to make payment of reimbursement prior to August 1, the district may withhold the necessary funds for reimbursement from the August payrolls.