

Continental Local School Credit Reimbursement Request

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) _____

Years of Experience at Continental School _____

Only teachers who have taught in the Continental Local School System for three full years shall be eligible to participate in the professional growth reimbursement program.

Course Title and Course Number	Sem. Hrs.	Qtr. Hrs.	
_____	_____	_____	
_____	Name of Accredited College/University That Course Credit Will be Issued From		

Dates of Class Attendance – from _____ to _____

Teacher Signature: _____

_____ 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 (cancelled checks or charge card statements)**
- 2. Copy of grade received (must be C+ or higher)**

Employee must be employed at time payment is made. Staff members accepting credit reimbursement must remain on the staff for at least one year after reimbursement or repay any reimbursement tuition for the prior year.