

**JOHN STARK SCHOOL DISTRICT  
REQUEST FOR COURSE APPROVAL/REIMBURSEMENT**

**TO:** Superintendent of Schools for the John Stark School District

In accordance with the Agreement with the John Stark Teachers' Association, the District shall reimburse each teacher who successfully completes (B- or better; or "pass" in a pass/fail course) a professionally relevant college/university course the sum of \$700 for a teacher teaching in a single area of certification and \$1400.00 (2 courses) for a teacher who maintains dual certification and teaches in two certification areas. Any funds remaining at the end of the school year will be prorated up to the full cost of tuition.

The initial request for reimbursement must be submitted to the Superintendent on or before **April 30<sup>th</sup>** of the current school year. Reimbursement for first courses (\$700.00) will be processed upon receipt of proof of payment and passing grade.

After April 30<sup>th</sup>, any remaining funds will be distributed and teachers will be reimbursed for the balance of the first course and/or any additional courses as funds allow. If requests exceed the budgeted funds, reimbursements will be prorated.

**Please submit one form for each course requested.**

**Course #: 1 2 3 4 Other \_\_\_\_\_**  
(Circle one)

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

NAME OF COURSE: \_\_\_\_\_

CERTIFICATION: \_\_\_\_\_ CURRENT TEACHING ASSIGNMENT: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_ DATES OF COURSE: \_\_\_\_\_

NO. OF CREDITS: \_\_\_\_\_ COST/CREDIT: \_\_\_\_\_

**(Registration or other fees are not reimbursable.)**

REIMBURSEMENT SOUGHT: \_\_\_\_\_ (less grants, scholarships or other reimbursements)

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**Submit to the Executive Secretary at SAU 24**

REIMBURSEMENT APPROVED FOR \$ \_\_\_\_\_ ACCOUNT NUMBER: 100-2213-016-240

Course 1 Initial Reimbursement     Course 1 Final Reimbursement     Reimbursement for any additional courses

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_