



WEBSTER PUBLIC SCHOOLS

ADMINISTRATIVE OFFICE - FILMER SCHOOL

COURSE REIMBURSEMENT FORM

STAFF INFORMATION: Name: _____

School: _____ Position: _____

- Professional Status
- Non-Professional Status
- Instructional Assistant / ABA
- Other _____

COURSE INFORMATION: As outlined in Article XXIII, Section 1, courses must be graduate level, taken for professional improvement. ***Please include a copy of the course description***

Course Title: _____

College / University: _____

Start / End Dates of Course: _____ / _____

Cost of course: _____

Number of courses taken from July 1st of the current school year _____

Employee Signature: _____ **Date:** _____

Building Principal Approval: _____ **Date:** _____

Superintendent Approval: _____ **Date:** _____

Please be sure there is a W9 on file with the Business Office before submitting this form. Once you have completed the course, please submit the Course Reimbursement Payment Request Form along with all the necessary documentation

-----PERSONNEL OFFICE USE-----

Contract Limit _____ Amount Reimbursable _____ Sent for Payment _____

Year-to-Date _____ Requisition # _____

