

WISE COUNTY PUBLIC SCHOOLS
REQUEST FOR APPROVAL/REIMBURSEMENT
FOR PROFESSIONAL DEVELOPMENT

PART A - APPROVAL OF PROGRAM OR COURSE (Must be approved in advance to be eligible for reimbursement)

NAME: SCHOOL:

MAILING ADDRESS:

COLLEGE OR UNIVERSITY:

NOTE: Please indicate by checking the area of professional improvement in which reimbursement is being requested.

- A. New endorsement area as requested by the superintendent or his designee
B. New endorsement area for professional growth
C. Division approved workshop or course
D. Licensure Renewal

*Attach a copy of your planned program of studies or provide a justification statement for selected course. The applicant's signature indicates a commitment to the described program or course justification.

REQUEST DATE: APPLICANT'S SIGNATURE:

PRINCIPAL'S SIGNATURE:

DIRECTOR OF HUMAN RESOURCE SIGNATURE:

DATE APPROVED: SUPERINTENDENT'S SIGNATURE:

PART A MUST BE APPROVED PRIOR TO SUBMITTING PART B

PART B - APPROVAL OF REIMBURSEMENT

All tuition reimbursement requests must be approved by the appropriate Director and the Superintendent. Once approved, all requests must be submitted to the School Board Office on or before June 1 of the current year. All requests will be honored in compliance with adopted regulations found in Wise County Policy File:GCL-R, Professional Staff Development - Reimbursement - College and University Study.

TUITION REQUEST:

Table with 5 columns: CLASS DATE, COURSE NO., COURSE TITLE, TUITION PD., AMOUNT REIMBURSED (Office use only). Rows include CLASS 1 through CLASS 5 and a TOTAL row.

DATE: APPLICANT'S SIGNATURE:
DATE APPROVED: SUPERINTENDENT APPROVAL:

Return forms to: Director of Human Resources, Wise County School Board Office
Amended: August 11, 2008
Amended: February 9, 2009