

Application for Professional Activity Reimbursement

Name _____

Date _____

The purpose of this reimbursement is to assist certificated staff members with tuition costs in a college course or activities related to instructional strategies. Preference will be relate to instructional strategies. The amount of reimbursement will be determined by available given to staff completing courses needed for endorsement and courses or activities that funds and number of applicants. The teacher quality committee has final jurisdiction over the allocation of available funds.

Please describe the activity and dates for which you are requesting reimbursement:

If you are requesting reimbursement for college level courses taken, please briefly describe the course or attach a syllabus of that course.

Please describe how this activity relates to the district, building level or your personal professional development plan.

Receipts and proof of completion must be attached. Proof of completion may be a grade report, transcript, completion certificate, etc.

This application and all documentation must be returned to the Office of the Superintendent within 30 days of completion.