

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 _____

All teachers 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)**

Those teachers who are reimbursed for classes will be required to remain in the district for two years after reimbursement is made, otherwise, reimbursement must be paid back to the district. If employee fails to make payment of reimbursement prior to August 1, the district may withhold the necessary funds for reimbursement from the August payrolls.