



# 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:** *Please include a copy of the course description*

Course Title: \_\_\_\_\_

College / University: \_\_\_\_\_

Start / End Dates of Course: \_\_\_\_\_ / \_\_\_\_\_

Number of courses taken from July 1<sup>st</sup> of the current school year \_\_\_\_\_

**Building Principal Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **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

Approved \_\_\_\_\_  
 Denied \_\_\_\_\_  
 Signature - Superintendent of Schools

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

Contract Limit \_\_\_\_\_ Amount Reimbursable \_\_\_\_\_ Sent for Payment \_\_\_\_\_

Year-to-Date \_\_\_\_\_ Requisition # \_\_\_\_\_



