

APPROVAL FOR CREDIT AND/OR REIMBURSEMENT – MARLBORO

Professional Development Request for Employees subject to the Benefits Procedures for Marlboro Elementary School Staff

NAME: _____ SCHOOL: _____ FTE: _____ DATE: _____

COURSE TITLE: _____

Please check one: GRADUATE CREDIT UNDERGRADUATE WORKSHOP

COLLEGE CREDIT HOURS FOR ADVANCEMENT ON SALARY SCALE: _____

COST OF COURSE: \$ _____

PLEASE NOTE: You must provide the Superintendent with a transcript or certificate of attendance and invoice and/or registration form from institution sponsoring professional development opportunity, within 30 days of completion of the course or workshop. Failure to do so will require your reimbursement of the advanced payment to the district, either by a check or payroll deduction.

INCLUSIVE DATES OF COURSE: _____

COLLEGE OR SPONSOR OF COURSE: _____

LOCATION OF COURSE: _____

IPDP GOAL: _____

SUPPORTS MY SCHOOL'S ACTION PLAN YES NO PAY FROM BUDGET CODE # _____

APPROVED BY PRINCIPAL: _____ DATE: _____

COPY OF STANDARD'S BOARD APPROVED IPDP: _____ DATE RECEIVED BY WCSU: _____

DATE REIMBURSEMENT REQUESTED _____ YES

PLEASE NOTE: This section to be completed by the Superintendent of Schools prior to the start date of the Course.

MAXIMUM REIMBURSEMENT AVAILABLE: (for FTE 1.0 employee \$1,464) \$1,464 X FTE = \$ _____

CURRENT REIMBURSEMENT AMOUNT APPROVED: \$ _____

PRIOR YEAR-TO-DATE REQUESTS: \$ _____

REMAINING PROFESSIONAL DEVELOPMENT FUNDS AVAILABLE AS OF: _____ \$ _____
Date

CREDIT HRS. APPROVED FOR SALARY ADVANCEMENT: _____

Superintendent of Schools

Date

FOR OFFICE USE: DATE PROOF OF GRADE/COMPLETION PROVIDED: _____

DATE SUBMITTED FOR REIMBURSEMENT: _____