

# ENGLISH AS A SECOND LANGUAGE CREDIT APPROVAL AND REIMBURSEMENT FORM



**Approval Request:** You must receive prior approval to be eligible for reimbursement. Attach the course description and complete the information below, including receiving your building administrator's approval, and send this form to your Director of Education at Bliss. You must submit a separate form for each course request. This form will be used for course approval, even when reimbursement is not sought.

Course Name: _____	Course # _____
College or University: _____	
Semester & Year: _____	Start Date: _____
Total Credits: _____	<input type="checkbox"/> Check here to <u>request reimbursement</u> (half the cost up to a the maximum equivalent of 12 full credits at the UW-Madison credit rate)
Tuition amount for this class _____	

Please describe how the above course relates to your Student and School Learning Objectives.  
(Continue on separate page if necessary.)

*I understand and agree to English as a Second Language Credit Reimbursement Program guidelines as stated in section 5.04 of the Employee Handbook. By signing below, I authorize the District to deduct this credit reimbursement from my final paycheck(s) per Employee Handbook specifications should I separate employment with the District within three (3) fiscal years of end date of the class..*

***Y or N (circle one) I have been employed with the SPAPSD at least one year.***

Employee Name (Print): \_\_\_\_\_ Building: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Education Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form will be returned to you once all signatures are completed. You must retain this document to turn in after course completion.**

**Credit Reimbursement Claim:** Send this form along with your grade report and proof of tuition payment to Human Resources. Reimbursement is for tuition only and your proof of payment must include documentation from the College or University stating this tuition cost and proof of payment that indicates a zero balance due.

**Date of course completion:** \_\_\_\_\_  
(To completed by Employee) Month/Day/Year

**This request form must be completed and submitted to Human Resources within three months of the course completion date listed above to be eligible for reimbursement. No reimbursement will be issued after this deadline.**

## To be completed by Human Resources

Reimbursement Approved: \_\_\_\_\_  
Human Resources Signature

Teacher Account #: 10-E-890-291-239000-000 Amount: \$ \_\_\_\_\_

Revised per Cabinet and the Superintendent, 5/6/21