

MARTHA'S VINEYARD PUBLIC SCHOOLS
ASSISTANT'S REQUEST FOR COURSE REIMBURSEMENT

Date: _____

Name: _____ School: _____ Job Title: _____

Address: _____

Phone: _____ Cell Phone # _____

Course Name: _____ Course Dates: _____

Physical Location of Class: _____ Cost of Course: _____

NO COURSE WILL BE REIMBURSED WITHOUT THE RECEIPT OF THE FOLLOWING:

1. Documentation of what you paid for the course (ie. Copy of cancelled check).
2. Documentation of completion of course (ie. Transcript, Certificate, Letter).
3. A "*Course Approval*" form previously signed by your Building Principal.

****Submit this request to your Principal for payment by the school in which you are employed.**

****Forward a copy of all documentation to Superintendent's Office for your personnel file****

Any request for reimbursement should be for courses, workshops or conferences, which pertain to your present position and not for course work taken toward personal certification.

Superintendents of Schools

Amount to be reimbursed: _____

Principal Signature

Pay from line: _____