

SWAMPSCOTT PUBLIC SCHOOLS REQUEST FOR COURSE REIMBURSEMENT

Name		
Course Name:		
College or University:		
Tuition (Excluding lab fees, books, Teachers may be re	etc.): imbursed for one class every year, up to a limit of	\$1,000 per teacher.
Please do not submit reimbu	REQUIRED DOCUMENTATION: ursement request until it is accompanied requirements.	by all of the below named
Official transcript of the co	ourse and passing grade (Required per SEA	a contract)
University/college catalog	that STATES THE AMOUNT OF TUIT	TION
Proof of payment of the co	ourse (cancelled check or credit card statem	nent)
	pt computerized receipt from college. The proof of ot handwrite your name – reimbursement will not b	
Please submit complet	ted form to Joanne van der Burg in the Sup	perintendent's Office
Approved by:		
Anne Marie Condike Director of Curriculum & Instruction		Date
	OFFICE USE ONLY	
Date:		
Reimbursed: Full Partial	(If partial, wait list amount is \$).
Please reimbursecompletion of the course mentioned	in the sum of \$ d above.	for the
The reimbursement applies to the f	following one-year period: School Year	
Copy: Teacher	Code: <u>1023570</u>	01-52173

Reimbursement has been calculated according to Article 15, Section 7, of the Collective Bargaining Agreement between the Swampscott School Committee and the Swampscott Education Association. Due to yearly cap, any partial payments will be put on the wait list for July 1st.

Form Update 11/5/2017