

**Salem School District
Salem, Connecticut**

REQUEST FOR COURSE REIMBURSEMENT:

1. Course must be approved PRIOR to registration

Name: _____

Date: _____

I hereby request approval for:

Course Title: _____
(attach course description)

Name of School: _____

Cost of course: _____

Signature: _____

Date: _____

Superintendent Approval: _____

Date: _____

2. Provide evidence of payment

3. Provide transcript or other official record of grade.

Amount Approved: _____

A single course shall not exceed 75% of the cost of tuition.

Approved by:

Superintendent

Date

cc: Employee
Business Manager
Personnel File