

**Vallivue School District 139**

5207 S. Montana Ave., Caldwell, ID 83607  
454-0445



Certificated

CREDIT REIMBURSEMENT REQUEST – EDUCATIONAL ADVANCEMENT ASSISTANCE

All certified employees who will be returning for the subsequent year desiring to participate in credit reimbursement must submit the request to the superintendent/or business manager for approval prior to enrollment or *not later than 90 days following completion of the course*. Courses must complement or relate directly to the employee’s assignment, be part of an advanced degree, or be a part of the employee’s approved professional growth plan. Additional credit may be allowed upon approval of the superintendent prior to taking the class. Criterion used will be the improvement of instruction. Upon receipt of an official transcript of credits earned or other valid documentation, and proof of payment, the district will reimburse the employee up to \$150 per semester credit, but not more than the cost of the credit paid by the employee, for a total not to exceed three (3) semester credits earned in any one year between September 1 and August 31 of each school year.

Course Name \_\_\_\_\_ Course No. \_\_\_\_\_ Sem. Credits \_\_\_\_\_

College or University \_\_\_\_\_ Beginning date: \_\_\_\_\_

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Completion date: \_\_\_\_\_

Course Description/Remarks:

Teaching assignment and building: \_\_\_\_\_

I certify that this course (mark any that apply):

\_\_\_\_\_ complements or relates directly to my assignment

\_\_\_\_\_ is part of an advanced degree

\_\_\_\_\_ is part of my approved professional growth plan (individual development plan) on file

OR

If not one of the above, I request the superintendent’s approval for the following reason:

The tuition charge I paid for this course was \$ \_\_\_\_\_ **receipt and proof of completion required**

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_



Approved for payment \$ \_\_\_\_\_ Budget code: \_\_\_\_\_

Superintendent or designee signature: \_\_\_\_\_ Date: \_\_\_\_\_