

School District of Lodi

Professional Improvement Approval / Reimbursement

Approval: Before taking a course, please complete the top portion of this form and submit to your administrator for approval. The district will provide reimbursement up to a maximum of 12 credits in any 9/1/xx-8/30/xx period. Approval of the credits for professional development does not guarantee reimbursement if the 12 credit maximum is exceeded.

Employee _____

Course _____

Name of University/College: _____

Course # _____ Number of Credits: _____ Course is being taken as Undergraduate Graduate

Cost per credit: \$ _____ Total cost to staff member: \$ _____

Term taking course: Fall of 20____ Spring of 20____ Summer of 20____

Administrative Approval: _____ **Date** ____/____/____



Reimbursement: Upon completion of the course indicated above, please complete the lower portion of this form and submit to your administrator WITH a copy of your grade report/transcript and a copy of your tuition receipt. The receipt must show what you paid for the class. To have this considered for salary increase, all documents must be received in the District Office prior to the **September 1st deadline**. (See *Employee Handbook, Part II, Section 8*)

I have completed the course and earned the credits as indicated on the top of this form. Attached are the corresponding grade report and/or transcript for my personnel file and credit reimbursement.

_____ Credits earned by completing this course

\$100.00 per Undergraduate Credit

\$125.00 per Graduate Credit

\$ _____ Total Reimbursement (**maximum of 12 credits 9/1 thru 8/30**)

Employee signature: _____ **Date** ____/____/____

Administrative Approval: _____ **Date** ____/____/____