

NH SAU #29 COURSE REIMBURSEMENT FORM

Chesterfield * Harrisville * Keene * Marlborough * Marlow * Nelson * Westmoreland

Name: _____ Date: _____

School: _____ Position: _____

COURSE INFORMATION

Institution: _____ Semester/Term: _____

Title and Content of Course:

Please check those that apply:

Graduate: Undergraduate: Other: _____

Number of college credits to be earned: _____

Is this course part of an advanced degree program? Yes: No:

Start Date of Course: _____

Estimated Date of Completion: _____

REIMBURSEMENT REQUESTED: \$ _____

Please attached proof of registration and payment, broken down by tuition cost per credit and fees incurred. When course is complete the grade report must be submitted to the Human Resources Office (Keene) or the Business Office (towns).

Signature, Staff Member _____ Date: _____

Recommended for Course Reimbursement: Not recommended for Course Reimbursement:

Signature, Supervisor _____ Date: _____

Reimbursement in the amount of \$ _____ approved, subject to district policy and registrar's receipt.

Signature, Director of HR _____ Date: _____

Comments: _____

PC: Business Office * Staff Member * Principal/Supervisor