



COURSE APPROVAL FORM

INSTRUCTIONS (Scan and email to **Joy** at jspain@pathwayschools.org

therapists should cc Theresa at tbaxter@pathwayschools.org) -

At least 2 weeks prior to enrollment in the course, employee must scan and email:

1. this completed form,
2. copy of published course description, and

Requesting Leave--if course is during the workday, request leave through PAYCHEX

A copy of this form will be emailed back to employee once approval and reimbursement status is determined.

REQUESTED BY _____ DATE _____

NAME OF COURSE _____

CREDIT HOURS _____

SCHOOL & LOCATION _____

COST OF COURSE _____

(TUITION ONLY - books, materials, fees are not eligible to be covered)

DATES (mo/day/yr) of course: BEGIN DATE _____ END DATE: _____

Comments:

**To be completed by Professional Development Reimbursement Committee
Administrative Office**

Course approved

denied

Reimbursement approved

denied

Reason denied: _____

Estimated reimbursement amount approved: \$ _____ Date: _____



NOTE: After course completion, submit REIMBURSEMENT FORM with grade and proof of payment attached to receive reimbursement.