



## COURSE APPROVAL FORM

**INSTRUCTIONS** (Scan and email to **Joy** at [jspain@pathwayschools.org](mailto:jspain@pathwayschools.org)

**therapists should cc Honietia** at [hmorgan@pathwayschools.org](mailto:hmorgan@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.**