

Baldwin-Whitehall School District

Request for Reimbursement for Educational Expenses

Baldwin-Whitehall Service Employees Association (Submit to Superintendent's office prior to start of course)

Employee Name:	Date:
Position:	Building:
I request approval of the course listed below for reimbursement under the provisions of the agreement between the Baldwin-Whitehall School District and the Baldwin-Whitehall Service Employees Association.	
Class offered by:	
Course Number:	Course Title:
Course Description (usually provided in course catalog):	
Credit Course Number of Credits:	Non-Credit Course
Cost per Credit:	Cost: \$
Date(s) class is offered: from:	to:
Employee Signature:	
Date request received:	Approved Rejected*
*If rejected, reason for rejection:	
Superintendent of Schools:	Date:
Claim for Reimbursement *** Reimbursement will be made following the receipt of an official transcript indicating the completion of the approved course with a grade of "B" or better. In case of a non-graded course, a pass will be considered equivalent to a grade of "B" or better. A transcript should be attached to the approved Request for Reimbursement of Educational Expenses and submitted to the office of Director of Operations.	
OFFICE USE ONLY	
Number of previously approved credits:	
Board Approval:	Date reimbursement check mailed: