WEST SHORE EDUCATIONAL SERVICE DISTRICT
REQUEST FOR PROFESSIONAL COMPENSATION

EMPLOYEE NAME: _____________________________

JOB TITLE: _________________________________

COURSE/CLASS NUMBER: __________ COURSE PERIOD/CLASS DATE(s): __________

COURSE TITLE: ______________________________
(Please attach a copy of the course description)

UNIVERSITY or SPONSORING AGENCY: ________________________________

# OF CREDIT HOURS: __________ OR # OF SCECHs: __________

COST PER CREDIT HOUR/SCECH: $______________ (Please attach detailed cost verification)

HOW DOES THIS COURSE RELATE TO YOUR POSITION OF EMPLOYMENT?
__________________________________________________________________________________

CHECK ONE ONLY: 

_____ Course IS part of an approved program on file with the WSESD

_____ Course IS NOT part of an approved program on file with the WSESD

This form must be submitted for approval prior to enrolling in course

_______ Payment for 50% tuition reimbursement is APPROVED.
Course is APPROVED for lateral advancement.
Submit Grade Report and proof of tuition payment.

_______ Payment for tuition reimbursement is DENIED.
Course is APPROVED for lateral advancement.
Submit Grade Report.

_______ Payment for tuition reimbursement is DENIED.
Course is NOT APPROVED for lateral advancement.

Employee’s Signature ___________________________ Date __________

Department Director/Supervisor or Superintendent Signature __________________________ Date __________

LAN# __________________________ Actual Reimbursement Amount $ __________