



# LaHarpe Community School District 347

Superintendent- Dr. Janet Gladu  
Finance Manager - Laura Jones  
Administrative Assistant - Liz McCarter

## GRADUATE/UNDERGRADUATE COURSE CREDIT/REIMBURSEMENT FORM

### GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Home School: \_\_\_\_\_  
Address (Home): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Current Assignment (School, Grade, Subject): \_\_\_\_\_  
Institution Providing Course: \_\_\_\_\_ Course Number: \_\_\_\_\_

### GRADUATE COURSE CREDIT

Course Name: \_\_\_\_\_  
Date Course Completed: \_\_\_\_\_ Credit Hours Earned: \_\_\_\_\_

### TUITION REIMBURSEMENT

Tuition Paid \$ \_\_\_\_\_

<b>SUBMISSION TO HR</b>
<input type="checkbox"/> Grade Report (Equivalent of "B" or better)
<input type="checkbox"/> Receipt of Paid Tuition
<input type="checkbox"/> Official Transcript (Program Completion)

### FOR OFFICE USE ONLY

<input type="checkbox"/> RECORDED ON GRAD SHEET
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### GRADUATE COURSE CREDIT

Graduate credit units-this course: _____	Current Base Salary	\$ _____
Graduate credit units-cumulative: _____	New Base Salary	\$ _____
	Difference	\$ _____

Current Lane/Step: \_\_\_\_\_

New Lane/Step  Yes  No \_\_\_\_\_

Instructions: Please complete form and submit to the Superintendent. Please complete as soon as the course(s) requested is known, but no later than 10 days prior to the beginning of the course. If approved, the Superintendent, will sign the form and return a copy to the requester for their records. The requester must submit a copy of the approved form as well as an official grade/transcript report of the completed course, and an invoice from the educational institution to the Finance Manager, Laura Jones, before the teacher reimbursement will be completed. Reimbursement of course fees may take up to 2 business weeks.

### TUITION REIMBURSEMENT

Tuition Paid: \$ \_\_\_\_\_ Tuition Reimbursement: \$ \_\_\_\_\_

Date Reimbursed: \_\_\_\_\_ Check#: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

*Superintendent*