

Office Use Only: School Year _____

**MERCER COUNTY EDUCATIONAL SERVICE CENTER
Credit Reimbursement Request**

(Please print or type)

Certified Employee's Name _____

Current Job Assignment _____

Application Date _____ Date of First Class Meeting _____

Prior request for reimbursement must be submitted before the first class meeting

| <u>Course No.</u> | <u>Course Title</u> | <u>University</u> | <u>Number of Hours</u> | |
|-------------------|---------------------|-------------------|------------------------|-------------|
| | | | <u>Sem.</u> | <u>Qtr.</u> |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Please explain how the above classes are related to your work assignment at the ESC.

Employees must remain employees of the Educational Service Center for two (2) years following reimbursement or forfeit the amount reimbursed. This provision will not be enforced if a reduction in force or non-renewal is the cause of termination.

Employee's Signature _____

Approved for reimbursement (upon successful completion of course work and receipt of record of grade(s) and receipt of payment **within three months of class completion**)
Checks will be issued at the end of September, January & June.

Not Approved - Reason: _____

Signed _____ Date _____
Superintendent

Approved For Payment _____ Date _____
Superintendent