

BALTIMORE COUNTY PUBLIC SCHOOLS
Office of Teacher Certification
1946 Greenspring Drive, Suite N
Timonium, MD 21093

REQUEST FOR REIMBURSEMENT
For Certificated and Licensed Employees
COLLEGE CREDIT/PROFESSIONAL
DEVELOPMENT ACTIVITIES

USE THIS FORM ONLY WHEN REQUESTING REIMBURSEMENT.

NAME: Last First Maiden/Middle CURRENT TEACHING ASSIGNMENT

Social Security Number

Name of School or Office

School/Office ID #

--	--	--	--	--	--	--	--

--

--

Summer Semester _____

Year

Fall Semester _____

Year

Spring Semester _____

Year

This space is for office use only; do not write in this space.

Reimbursement Total

--	--	--	--	--	--	--	--

Institution or Sponsor

Dept. and Course No.

Full Title of Course/Activity

of Credits

Institution or Sponsor	Dept. and Course No.	Full Title of Course/Activity	# of Credits

Directions:

- Submit only when requesting reimbursement.
- Submit signed and dated request with attachments, to the Office of Certification within 30 days of receipt of the course grade. Incomplete packets will be returned to you.
- Attachment 1: Official transcript (not grade slips) or CEU completion certificate from the organization
- Attachment 2: Tuition invoice or detailed bill from the college with a breakdown of fees for all classes, both graduate and undergraduate. (Tax forms, cancelled checks, or credit card statements will not be accepted.)

Restrictions:

- A grade of "C" or better is required in order to receive reimbursement for a college course.
- There is a limit of nine (9) semester hours per fiscal year (July 1st – June 30th) unless documentation is provided from the college that the program requires more than nine (9) semester hours during that time frame.
- The reimbursement cycle is Summer, Fall, Spring.
- Cohort and/or partnership classes are part of the nine (9) credit limit. Do not submit this form for courses where the college is paid directly by Baltimore County Schools.
- All coursework must be related to your current assignment, an anticipated educational assignment, or to the general field of education. In addition, all course work must first satisfy certification requirements.

Signature of Teacher

Date

Signature of Principal or Appropriate Administrator

Date

Comments from the Office of Certification: DO NOT WRITE IN THIS SPACE.

Forward the top two copies of this form only to the Office of Certification with required support documentation as described above.