

CLASSIFIED EMPLOYEES

Baltimore County Public Schools

REQUEST FOR REIMBURSEMENT

NAME: Last		First	Middle/Maiden	Type of Employee
(Type or print all information)				1st Semester 9/___ ___
Social Security Number		School or Office		2nd Semester 2/___ ___
For Office Use Only		Date		Summer Session 19___ ___
Total	Date		Date Submitted	

COURSE/S FOR WHICH APPROVAL IS REQUESTED

College	Course No.	Title of Course	Hours of Credit	For Office Use Only	
				Reimbursement Yes	Appr. No

Classes Begin on

Tuition Cost Per Credit

Classes End On

Total Tuition Cost

Have you matriculated for a degree? Yes () No () If yes, state the degree and major. _____
Degree major

Upon completion of the course submit the pink copy (#2) with your grade slip and verification of cost per credit

APPROVAL FOR COURSE WORK MUST BE OBTAINED BEFORE REGISTRATION TO AVOID POSSIBLE LOSS OF CREDIT FOR REIMBURSEMENT PURPOSES. BECAUSE OF REGISTRATION PROBLEMS THIS FORM WILL BE ACCEPTED AS LATE AS ONE MONTH AFTER THE COURSE REGISTRATION DATE, HOWEVER, THE DEPARTMENT OF PERSONNEL WILL NOT ACCEPT RESPONSIBILITY FOR INCORRECT SELECTIONS

Forward this form intact to the appropriate SPECIALIST in PERSONNEL

	DATE
PRINCIPAL OR APPROPRIATE ADMINISTRATOR	
SPECIALIST IN PERSONNEL	

COMMENTS