

one 10/6/16

RECEIVED

Reimbursement Request for Certificated Stipend Program

School(s) Attended: Alaska Pacific University

Dates Attended: FALL 2015 - Spring 2016

2016

Name of Course(s):	Hours	Semester / Quarter
EDUC 58079 Why DI?	3	
EDUC 59708 Autism & Asperger's	2	
EDUC 59709 Attention Deficit Disorder	2	
EDUC 59716 Child Abuse	2	
EDUC 59717 Drugs & Alcohol in Schools	2	
EDUC 59721 Talented & Gifted	2	

Reimbursement Costs:

Travel _____ * Check with district office for "dollar cost"

Tuition \$ 1930

Special Fees _____

Total Amount Requested: \$ 1930

Documentation Needed: Transcripts, grade report or letter from instructor verifying completion of course(s); plane/ferry ticket; copies of checks or receipts.

Slipend requests are to be presented to the chairman of the selection committee in your building by October 31st (for summer courses) OR May 15th (for school year courses). They in turn will handle the requests and submit to the district office. Requests will then go the School Board for approval.

I understand that reimbursement for all or part of the above educational plan obligates me to continue teaching in the Cordova School District for the school year _____

Signature: [Handwritten Signature] Date: 10/6/16

Chairman Signature: [Handwritten Signature] Member Signature: [Handwritten Signature]

Date Signed by Selection Committee: 4/28/17

Refer to the current Negotiated Agreement for a full explanation of the Stipend Program.