

# Request for Credit Incentive Approval / Reimbursement

**Must be submitted at least two weeks prior to the beginning of the course**

## **Guidelines:**

Article XXIV. Credit Incentive (Page 19 of Collective Bargaining Agreement – for contract language on this)

### **STEP 1 – TO BE COMPLETED BY TEACHER to request approval for credit(s):**

Name: \_\_\_\_\_  
Course Title and Description: \_\_\_\_\_  
\_\_\_\_\_  
Specific date of course: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Specific cost per credit: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Have you taken this course before? ☐ Yes ☐ No  
How will this course benefit you in your teaching assignment? \_\_\_\_\_  
\_\_\_\_\_  
How will this course benefit the Moniteau School District? \_\_\_\_\_  
\_\_\_\_\_  
Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **STEP 2 – TO BE COMPLETED BY SUPERINTENDENT for approval / denial of credit(s)**

☐ **Approved**  
☐ **Denied** Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Reason for Denial:**

- ☐ Request not received at least two weeks prior to the beginning of the course  
☐ Credits not in certified field or closely allied field of professional employee.  
☐ Course will not enhance the employee's professional role.  
☐ Course offered through college, university or other organization that is not recognized, as determined by Superintendent.  
☐ Request exceeds 9 credits per year (July 1 – June 30)

Comments: \_\_\_\_\_  
\_\_\_\_\_

### **STEP 3 – TO BE COMPLETED BY TEACHER to request reimbursement for credit(s):**

**Must be submitted no later than October 1 of current year for financial consideration in October of current year**

Professional employee must attain a final course grade of "B," its equivalent or better. The employee must present to the Superintendent an official transcript, certificate or other official notification of the course(s) completed, number of credits, grade(s) and evidence showing the cost per credit paid for the course(s). Please include a copy of this "Request for Credit Incentive Approval / Reimbursement" with your transcript and evidence of payment.

#### **CHECK LIST:**

- ☐ A copy of this signed "Request for Credit Incentive Approval" Date: \_\_\_\_\_  
☐ An official Transcript, Certificate or other official notification of the course(s) completion, number of credits, grade(s) Date: \_\_\_\_\_  
☐ Evidence of payment – canceled check, credit card statement, statement from institution. Date: \_\_\_\_\_

***I verify that I have completed the above approved course and have attached the required documentation for financial recognition.***

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **STEP 4 – TO BE COMPLETED BY SUPERINTENDENT to indicate review and approve request for reimbursement:**

☐ Approved for financial recognition  
☐ Denied Reason: \_\_\_\_\_  
\_\_\_\_\_  
Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Copy of completed form to Payroll Department for compensation inclusion from Administrative Office.**