

**MILLER CITY-NEW CLEVELAND LOCAL SCHOOLS
CREDIT REIMBURSEMENT REQUEST**

Reimbursements will be made on a first come, first served basis until the fund is exhausted. Reimbursement will be issued at \$150.00 per semester hour or \$100.00 per quarter hour with a maximum fund amount of \$7,000.00 per year. Those credit hours not reimbursed because of the exhaustion of the funds will be first paid in the succeeding year's fund. Eligible course work must be approved by the Superintendent in advance of the completion of such work.

Teacher Name _____ Date _____

Certification/License
Type _____

Grades _____

Area(s) _____

Years of Experience at Miller City-New Cleveland School _____
Only teachers who have taught in the Miller City-New Cleveland School System for three full years shall be eligible to participate in the professional growth reimbursement program.

Course Title	Semester Hours	Quarter Hours
_____	_____	_____

Teacher Signature _____

_____ Approved for reimbursement (upon successful completion of course work, receipt of record or grade(s), and receipt of payment)

_____ Not Approved – Reason: _____

Superintendent Signature _____ Date _____

- Upon completion of class, please submit:**
- 1. Proof of payment for class**
 - 2. Copy of grade received (must be C+ or higher)**

Employee must be employed at time payment is made. Staff members accepting credit reimbursement must remain on the staff for at least one year after reimbursement or repay any reimbursement of tuition for the prior year.