

SURRY COUNTY SCHOOLS
CONTINUING EDUCATION REQUEST
(please prepare separate form for each course)

I am requesting the Superintendent's approval of continuing education course work related to my employment with Surry County Public Schools. I understand that the Superintendent must approve all course work in advance (if I expect partial reimbursement). I understand that I must pay my tuition in full and when my course is completed, I must turn in my grade for the course, my receipt for payment of the course, and that I will be reimbursed for ½ of my tuition cost **IF FUNDS ARE AVAILABLE.**

Employee Name: _____

School/Location Where
Employed: _____

Date of Course/Semester: _____

Name of Course: _____

Course Number (Catalog #): _____

College/University Name: _____

Tuition Amount: \$ _____

_____ Employee Signature	_____ Date
_____ Supervisor Signature	_____ Date
_____ Finance Director Approval	_____ Date
_____ Superintendent Approval	_____ Date

General Ledger Code: _____

Approved for Payment: _____ Finance Director

Amount of Payment: \$ _____ Date: _____

**PLEASE RESUBMIT THIS FORM WITH YOUR RECEIPT OF PAYMENT AND
YOUR COURSE GRADE TO BE REIMBURSED.**