



CUPE REIMBURSEMENT APPLICATION OF COURSE COSTS

Name: _____	Employee #: _____
School / Department: _____	Position: _____

Institution or Organization offering the course:

Date(s) From: _____ To: _____

Course name & description:

Include a statement regarding relevance to your current position or the benefit to the District:

Cost: _____ *books, food, transportation, accommodation or materials, etc. are not covered

Recommended for approval: _____
DATE Principal/Supervisor

Instructions: *If you wish to be reimbursed for course costs, please **obtain approval before registering**. Funding for development activities is limited. If a number of employees request approval for the same course, we will attempt to arrange for the course to be delivered in-house if it is more cost effective. Maximum allotment per employee per school year is \$200 **(if funds are available)**. If your request is approved and you find you are not able to take the course, please advise the Human Resources Department so that funds can be reallocated.*

1. Please complete this form and discuss the course or workshop with your Principal/Supervisor prior to requesting his/her signature.
2. Forward the completed form to the HR Department @ DEO Attn: [Dionne MacDonald](#)
3. Upon completion of the course please forward your **ORIGINAL RECEIPT and** copy of **TRANSCRIPT OR PROOF OF COMPLETION** (i.e. Certificate) to the HR Department **BEFORE June 15^h** of the current school year. Your reimbursement will be processed and your transcript will be placed in your personnel file. In the event your request is not approved you will be contacted and advised of the reason.

Amount approved upon completion: \$ _____ (Up to a maximum of \$200)

*books, food, transportation, accommodation or materials are not covered

Date approved: _____

Dionne MacDonald
Human Resources Dept.