

APPENDIX I - COURSE REIMBURSEMENT

SANFORD EDUCATIONAL LOAN/ADVANCEMENT

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

I agree that the following charges of \$_____ will be paid by the District on my behalf, in the form of an educational loan/advancement for approved graduate level courses in graduate degree programs pursuant to Article 20 – Professional Development of the existing Collective Bargaining Agreement.

If I fail to provide written grade notification to the Superintendent within thirty (30) days from the grade being issued, I shall reimburse the District the amount of payment made on my behalf. Unless other repayment arrangements are made with the Superintendent in writing, any reimbursement owed to the District by me shall be made by payroll deductions in six (6) consecutive payments. Full payment may be made to the business office at any time.

It is also my understanding that should I end my employment with the District for any reason, I remain liable for the above mentioned debt and that any remaining balance is authorized by me to be deducted in full from my final pay.

Course Title: _____

Number of credit hours: _____

Institution: _____

Starting date: _____ Ending date: _____

Signed: _____ Date: _____

Approved by: _____ Date: _____