

**APPLICATION FOR COURSE APPROVAL
Portland Education Association**

Name	School/Department
Employee #	Position/Assignment
Course # & Title	Dates (m/d/y) / / to / /
School/College	Tuition & Fees \$

<input type="checkbox"/> Undergraduate _____ Credit hours	<input type="checkbox"/> Workshop _____ CEUs	<input type="checkbox"/> Contact Hours
<input type="checkbox"/> Graduate _____ Credit hours	<input type="checkbox"/> Other _____ CEUs	<input type="checkbox"/> Contact Hours

I understand that this form must be submitted to HR before the course begins.

I understand that in order for this professional learning to be considered for Salary Contact Hours, I must fully complete and electronically submit the appropriate proposal form on the PLBSS.

I understand that my eligibility for course reimbursement or advance payment is governed by PEA Contract Article 22.

Employee Signature: _____ Date: _____

I am requesting advance payment. * No Yes * Course must be for college credit hours.

If you checked "Yes", you must attach proof of registration and an official bill documenting tuition and fee charges.

I agree to follow university drop/incomplete procedures and to pay to Portland Public Schools the full amount of the advance payment if I do not complete the course *with a grade of B or better* or if I do not *submit a copy of my grade report* to the Human Resources Office within sixty (60) days of the end date of the course.

Employee Signature: _____ Date: _____

Proposal: Please answer the following questions by attaching a TYPED response to this form.

1. Explain how this course is related to your **current** assignment.
2. Explain how this course will make a *significant contribution* to improvement in your teacher practice and in student learning.

PRINCIPAL/SUPERVISOR RECOMMENDATION

<input type="checkbox"/> Recommend approval	Date of meeting with Principal (if applicable):
<input type="checkbox"/> Refer to Superintendent	

Principal/Supervisor: _____ Date: _____

SUPERINTENDENT DECISION

Yes No If no, reason: _____ Date: _____

HUMAN RESOURCES VERIFICATION OF REIMBURSEMENT ELIGIBILITY/APPROVAL

<input type="checkbox"/> Eligible	School year: _____
<input type="checkbox"/> Ineligible Reason: _____	
Director of Human Resources: _____	Date: _____

FOR HUMAN RESOURCES ONLY: PAYMENT AUTHORIZATION

<input type="checkbox"/> Taxable <input type="checkbox"/> Not Taxable	Reason: <input type="checkbox"/> 1. <input type="checkbox"/> 2a. <input type="checkbox"/> 2b. <input type="checkbox"/> 2c. <input type="checkbox"/> 2d.	Date: _____
Authorized Signature: _____	Date: _____	

Amount Due: \$ _____ Pay Date _____ Processed by: _____