

GROVE CITY AREA SCHOOL DISTRICT
Grove City, Pennsylvania 16127

Date _____

PLEASE SEND TO THE ASSISTANT SUPERINTENDENT'S OFFICE AND INCLUDE A COPY OF YOUR BILL WHICH INDICATES TUITION

College or University _____

Signature of Professional Employee

Courses Contemplated:

	Course Number	Title	Credit Hours	Beginning Date	Asst. Supt's. Evidence of Completion <i>Please leave blank</i>
1.					
2.					
3.					

*If IU workshop or conference please review section 1001B of our negotiated agreement prior to submission.

Course Approval:

1) Course Description:

Relevance to Current Assignment:

2) Course Description:

Relevance to Current Assignment:

3) Course Description:

Relevance to Current Assignment:

The courses listed above are approved for incentive payment. Payment will be made provided proper evidence of satisfactory completion is filed in the superintendent's office and you are still in our employ at that time. Advanced payment may be made providing the attached application is completed.

Assistant Superintendent's Signature

TEACHERS – Please review Article X of your CBA. _____ Initial to show your understanding of Article X.

Do you intend to use this to move up the pay scale? If so, please read Article X, Section 1001 of your CBA.
_____ Initial to show your understanding of Article X, Section 1001.

SUPPORT STAFF – Please review Article IX, Section F of your contract. _____ Initial to show your understanding of Article IX, Section F.

ADVANCED PAYMENT MADE ONLY IF SECTION BELOW IS COMPLETED

The undersigned requests payment in advance and authorizes a deduction of the same amount for those courses not completed with at least a grade of “C” in the time specified. A deduction will be made if the employee does not continue with the District for at least one semester following the completion of the course.

Date _____ Staff Member _____
(Signature)

Approved _____ Date _____
Assistant Superintendent’s Signature

FOR OFFICE USE ONLY:

Date _____

TO: Secretary, Grove City Area School District

Payment to _____ is authorized in the amount of \$ _____.

Check Number: _____

Assistant Superintendent’s Signature