Agua Fria Union High School District No. 216

SUPPORT STAFF: FORM B
COMPLETION OF COURSEWORK NOTICE

REQUEST FOR PARTIAL REIMBURSEMENT

Complete **Form B** and return it to the Human Resources Department with an **Original Transcript** of your approved completed course(s), and a **Paid Receipt** indicating complete payment for each course. A grade of "C" or better is required for each approved course for growth reimbursement up to fifteen (15) credit hours each semester. This **Form B,** your **Original Transcript,** and **Paid Receipt(s)** Indicating Complete Payment for Each Course must be received by the Human Resources Department **for approved coursework.** Growth Reimbursement will occur only once each semester in January and July. ***Growth will not occur if a deadline is missed.*** A copy will be returned to you indicating processing of growth reimbursement; a second copy will be placed in your personnel file.

I have attended _____ _____ ❑ January 1 – June 30
College/University Location ❑ July1 – December 31
and have received credit with a "C" or better in the following courses as evidenced in my attached Original Transcript.

Course Title	Dept.	Catalog Number	Semester Hours	Date Course Began	Date Course Ended	(Human Resources Office Use Only) Form B, Original Transcript, and Paid Receipt for Course (Rec'd)
1.						
2.						
3.						
4.						

Growth Reimbursement Requested for Course(s) Taken July 1 – June 30: (Maximum of 15 credit hours each semester – January through June and July through December.)

❑ 1 Credit Hour	❑ 4 Credit Hours	❑ 7 Credit Hours	❑ 10 Credit Hours	❑ 13 Credit Hours
❑ 2 Credit Hours	❑ 5 Credit Hours	❑ 8 Credit Hours	❑ 11 Credit Hours	❑ 14 Credit Hours
❑ 3 Credit Hours	❑ 6 Credit Hours	❑ 9 Credit Hours	❑ 12 Credit Hours	❑ 15 Credit Hours

This Growth Partial Reimbursement Request: Form B - must be filed separately along with an Official Transcript indicating completion of the course(s) with a grade of "C" or better, and a Paid Receipt(s) for approved coursework. ***Growth Reimbursement will not occur if a deadline is missed. Approved reimbursement will occur once each semester.***

_____ _____ _____
Name (Please Print) Signature Date

FOR OFFICE USE ONLY

Original Transcript ❑ **YES** ❑ **NO** **Paid Receipt for Each Course** ❑ **YES** ❑ **NO**

(This request will not be processed without Original Transcript and Paid Receipt for Each Course attached.)

Approved & Completed Credit Hours _____ **X** **$65.00** = **$**_____
(up to a maximum of 15 per fiscal year) **Total Reimbursement**

_____ _____ _____
Human Resources Designee Date Director of Finance Date Account Code