

# SALEM SCHOOL DISTRICT

## Workshop Reimbursement Form

# SESPA

**INSTRUCTIONS:** (1) Complete all the required sections on the form. (2) The employee's building administrator must give their written approval for the workshop. (3) Attach a copy of the workshop information/cost. (4) Send request to the Superintendent's Office for approval. (4) All requests for approval must be received at the Superintendent's Office no later than the close of business on May 1<sup>st</sup> of the school year to be eligible for reimbursement. (5) All requests for reimbursement must be submitted to the Superintendent's Office no later than 4:00 PM on the last day of the school year. (6) Reimbursements will be made in accordance with Article 19, Section (2) (SSB/SESPA).

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_

WORKSHOP: \_\_\_\_\_

DATE(S): \_\_\_\_\_ AMOUNT REQUESTED \$ \_\_\_\_\_

I hereby request approval for workshop reimbursement subject to the provisions and limitations of Article 19, Section (2). I further certify that I have read Article 19, Section (2) and understand that reimbursement is limited by the funding and submission provisions of Article 19, Section (2).

I further understand before reimbursement is granted a receipt or proof of attendance must be provided.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

**REQUEST FOR APPROVAL IS:**

GRANTED  DENIED

\_\_\_\_\_  
ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
DATE

**REQUEST FOR APPROVAL IS:**

GRANTED  DENIED

\_\_\_\_\_  
SUPERINTENDENT SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE SEPARATE** - Send Top to Superintendent's Office  
Return Bottom After Workshop to Receive Reimbursement

Please retain this portion of the form until you complete the workshop,  
then submit completed form to the Superintendent's Office for reimbursement.

**Attached is proof of payment/attendance in the form  
of a receipt or proof of attendance .**

I hereby request reimbursement under the provisions of Article 19, Section (2) for the above-mentioned workshop.  
I further certify that I attended and completed the workshop on the date(s) indicated.

NAME: \_\_\_\_\_ School: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE(S) Attended: \_\_\_\_\_

Street-Apt #

AMOUNT REQUESTED: \$ \_\_\_\_\_

Town - State - Zip Code

WORKSHOP: \_\_\_\_\_

**FOR OFFICE USE ONLY**

(SESPA)

PAYMENT AUTHORIZED: \_\_\_\_\_ DATE: \_\_\_\_\_