

MILLINOCKET SCHOOL DEPARTMENT

EDUCATION TECHNICIAN PROFESSIONAL CREDIT COURSE APPROVAL

This form must be filled out for all courses taken, whether paid for by the employee or paid for by the Millinocket School Department. All courses to be paid or partially paid by school department must be approved by the Superintendent of Schools for professional credit prior to enrollment. The fiscal school year July 1 to June 30 shall apply.

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|-------------------------------|-------------|-----------------------------------|-------------------|
| Course Number and Course Name | | College or Agency Offering Course | |
| Beginning & Ending Dates | Day of Week | Time | Number of Credits |

Article XI Professional Improvement of the Negotiated Agreement between the Millinocket School Committee and MEA Support Personnel states: Employees will be reimbursed the actual cost of credits earned, not exceeding \$203 per credit hour for up to 3 additional credit hours per school year. Employees will be reimbursed for credits upon the approval of the Superintendent and after recommendation of the Central Support System Committee during the duration of this contract. To be eligible for reimbursement under this article, employees must have previously used his/her cafeteria benefits or paid for an approved 3 credit course during the current school year.

Course Fee _____

Employee please check:

- _____ 3.0 Credit Hour Course Paid by Employee
- _____ 3.0 Credit Hour Course Paid by Cafeteria Plan (Please notify the bookkeeper)
- _____ 3.0 Paid by the Millinocket School Department (upon approval of the Superintendent and the Central Support System Committee, not to exceed \$203 per credit hour, and only after the employee has paid for/used his/her cafeteria plan to pay 3.0 credit hours) Please indicate date of prior course taken, name of course, college or agency where course was taken, and attach the invoice _____

Further explanation, if needed: _____

Certification Coordinator's Signature _____ Date

Upon completion of the course, the teacher will submit a copy of the course transcript to the Superintendent's Office for his/her personnel file. By signing below, you agree to reimburse the Millinocket School Department, should you not pass the course.

Employee Signature _____ Date

Principal/Administrator's Signature _____ Superintendent's Signature

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|----------------------|-----------------|---|
| For Office Use Only: | | |
| Amount _____ | Date Paid _____ | Number of Credit this school year including this course _____ |