



STERLING PUBLIC SCHOOLS

Where kids achieve!

EDUCATIONAL SUPPORT PERSONNEL REQUEST FOR ADDITIONAL TRAINING

1. Title and course number: _____
2. Institution: _____
3. Semester and dates of course: _____
4. Tuition cost of course: _____
5. State number of semester hours you expect to earn: _____
6. Give a brief description of the course you wish to take.
7. Please give your reason for wishing to take this course:

Note: Upon successful completion of any additional training, a transcript of credit and receipt from the institution indicating tuition cost must be submitted prior to reimbursement.

Applicant's Signature

Date

Building and Position

Principal's Signature

Date

For Office Use Only

Director of Human Resources

Date Received

Approved _____

Denied _____

Reimbursement _____