

DEARBORN PUBLIC SCHOOLS
18700 Audette
Dearborn, MI 48124

APPROVAL FOR TUITION REIMBURSEMENT
AND/OR
INSERVICE CREDIT PROGRAM APPLICATION FORM

Inservice forms must be submitted to the Human Resources Supervisor **two (2) weeks** prior to the start of class or workshop or, approval will not be granted. A **SEPARATE** form must be completed for each class or workshop.

TO: _____
Immediate Administrator

FROM: _____ WORK LOCATION: _____
Applicant

JOB CLASSIFICATION: _____ UNION AFFILIATION: DFSE _____
DSOEA _____

COURSE TITLE OR INSERVICE PROGRAM (Workshop, Conference, etc.):

(A separate form must be completed for each class or workshop)

LOCATION: _____ DATES/SEMESTER _____

TIME & DAYS: _____ ESTIMATED COST _____

NUMBER OF CREDIT HOURS: _____ or WORKSHOP HOURS ATTENDED _____

RELATIONSHIP OF COURSE OR INSERVICE PROGRAM TO CURRENT ASSIGNMENT _____

REASON FOR TAKING COURSE OR INSERVICE PROGRAM _____

Signature of Applicant Date

Signature of Immediate Supervisor Date

Approved by Human Resources Supervisor Date

RECOMMENDED: YES _____
NO _____

Approved for Reimbursement
Yes _____ No _____

Amount _____

TRANSCRIPT TO BE SUBMITTED UPON COMPLETION OF COURSE TO THE HUMAN RESOURCES SUPERVISOR.
APPLICANTS WHO HAVE PAID IN ADVANCE MUST ALSO SUBMIT PROOF OF PAYMENT TO THE HUMAN RESOURCES SUPERVISOR.