Føø Η	arbor Town	shin School Distr	PO#	
Egg Harbor Township School District Office of the Director of Human Resources				
		t. 1002 / FAX: 609-601-2	2794	
		ofessional/Clerk		1
COURSE REIMBURSE	EMENT FORM	<b>Л</b>		
Staff Member's Name:				
Present Assignment and School:				-
Date:				
		approved, work-related in the second of the second by June 30 <sup>th</sup> of the second in the		
Article XXII Miscellaneous Provision clerks shall be reimbursed the cost for taking such courses and receive to	or courses taken	that are work-related	and are requested in advance	
Attached, is the grade report for the following course(s) for which I am requesting reimbursement:				1
Course	Institution		Semester	
I do solemnly declare and certify the successfully completed.	at the above repr	esents work-related c	ourse work which has been	
Staff Member's Signature			Date	-
	oe completed b	y Human Resources:		
Course previously approved:	o YES	o NO		
Grade attached:	o YES	o NO		
Date of Course approval		_		
Date Processed to Business Office fo		— h documentation atta		

Director of Human Resources District Office - Slaybaugh Primary 13 Swift Drive, Egg Harbor Township, NJ 08234