

District Office Use:



PAYETTE SCHOOL DISTRICT

1312 1ST AVENUE SOUTH
PAYETTE, ID 83661
208-642-9366

Received by:	Approved by:	Reimbursed:
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PROFESSIONAL DEVELOPMENT REIMBURSEMENT REQUEST

CERTIFIED STAFF MEMBER INFORMATION

Full Name:	Date Submitted:
School Site:	Phone Number:
Email:	

REIMBURSEMENT DETAILS

• College/University Name:

• Course/Workshop Title:

• Date (s) completed:

• Number of College Credits Earned? *(max 4 per year - reimbursed at \$50 per credit - up to \$200 per year)*

• Official Transcripts are required for payment

Are they attached to this form?

Being emailed to humanresources@payetteschools.org

Other: _____

MOVEMENT ON THE CAREER LADDER

• These credits impact my placement on the Idaho Career Ladder: Yes No

• My placement should be: _____

CERTIFICATION

I verify that the above course or professional development was completed and aligns with my professional role as an educator.

Signature of Teacher: _____

Date: _____