



REQUEST FOR EDUCATIONAL COURSEWORK OR SKILLS TRAINING PARTICIPATION

Employees interested in taking a college/university course and/or attending a skills training that specifically relates to their position within NC RESA must complete this form to receive approval of their Supervisor and the Superintendent prior to the beginning of the class/training.

NAME: _____

DATE: _____

COLLEGE COURSEWORK

College/University Course Name: _____

Institution: _____

Course Number: _____ Number of Credits: _____

Beginning Date of Class: _____ Ending Date of Class: _____

Are You in a Degree Program: _____ If Yes, Name of Program: _____

If you are a GSRP Preschool Teacher, is this for your ZA or ZS endorsement? _____

SKILLS TRAINING

Name of Training Session: _____

Institution: _____

Number of Hours: _____

Under what criteria are you requesting to take this coursework/training? Check one and provide explanation.

____ 1. Job related or within my current field of specialization or part of a degree program.

Explanation: _____

____ 2. Skills Training to aide in professional and/or program development.

Explanation: _____

Estimated cost of tuition: _____

Applicant's Signature: _____

Supervisor's recommendation _____ Approve _____ Deny

Reason for denial: _____

Signature _____

Date _____

Superintendent's Decision _____ Approve _____ Deny

Reason for denial: _____

Signature _____

Date _____

After coursework/training has been completed, reimbursement may be requested by attaching a copy of this approved request form to a completed and approved tuition reimbursement form. Tuition reimbursement will be made according to master agreements and/or benefit schedules.03/18