

Dennis-Yarmouth Regional School District



Secretaries and Aides Course Approval Form

Name: _____ Date: _____
Home School: _____ Current position: _____
Program/course offered by: _____
Course Title: _____ No. of course credits: _____
Dates of course: _____

How does this course relate to your present assignment?

Approved: _____ Disapproved: _____

Comments: _____

Cost of course: _____ Amount approved for payment: _____

DIRECTIONS FOR APPROVAL:

Send this form to the Director of Finance and Operations thirty (30) days prior to the commencement of course. One copy will be returned with approval or disapproval. Save that copy to be used for reimbursement.

FOR REIMBURSEMENT:

- Resubmit your approved Course Approval Form
- Send copy of grade transcript or proof of satisfactory completion
- Send copy of canceled check or charge card statement, showing the amount paid, to the Business Office.

Please do not write below this line, this area is for Accounts Payable use only.

Date: _____

PO#: _____

Amount: _____

Account: 1565180 _____