



Ledyard Educational Secretaries Course Approval Request Form

NAME OF EMPLOYEE: _____ REQUEST DATE: _____

DISTRICT SCHOOL/DEPARTMENT: _____

You must receive the Superintendent's approval PRIOR to the start of courses.

Please provide all requested information for each course being taken, one semester at a time. If you plan to take more than two courses in the semester, please complete an additional Course Approval Request.

Note: per Secretaries Contract Article XX Section 3, the reimbursable maximum is for up to three (3) courses per year, at a maximum of \$500 per course.

Please print, complete, and scan or send this form to the Superintendent's Office.

Course Name: _____

Course Number: _____

College/University: _____

Date Course Begins: _____

Date Course Ends: _____

Number of Credits: _____ Cost per Credit: _____ Total Cost: _____

(Tuition only-Fees are not reimbursed)

Course Name: _____

Course Number: _____

College/University: _____

Date Course Begins: _____

Date Course Ends: _____

Number of Credits: _____ Cost per credit: _____ Total cost: _____

(Tuition only—Fees are not reimbursed)

Approval of Superintendent

Date

7/7/22