

Rittman Exempted Village Schools
Office of the Superintendent
100 Saurer Street, Rittman, Ohio 44270

James J. Ritchie
Superintendent

Mark Dickerhoof
Treasurer

Professional Development Program Application for Reimbursement

(Requests will be recognized on a first-come/first-serve basis until the maximum allocation has been exhausted.)

Name: _____ Date: _____

Building: _____ Total years taught in Rittman: _____

Which round are you applying for? First Round Second Round
(July 1-March 31) (April 1-June 30)

I am applying for (complete one): Semester Hrs. Quarter Hrs.
(# Hrs.) (# Hrs.)

Workshop Unreimbursed Balance
(From First Round)

Tuition per Credit Hour: \$ _____ Total Paid \$ _____

Beginning date of course: _____ Ending date of course: _____

Name of Course/Workshop: _____

Institution/Organization: _____

Confirm this course is in education, an area you are licensed in, or an area leading to a new certificate/license. Yes

Confirm you have attached a verification and description of the course. Yes

(Per negotiated agreement between Rittman Board of Education and Rittman Education Association. Article 19, Professional Development Program, p. 34-35)

I understand that I must remain employed in the Rittman District for the remainder of the school year or I will be required to pay back to the Board of Education any reimbursement I receive. This may be done through payroll deduction or lump sum deduction from my final paycheck.

Signature of Applicant: _____ Date: _____

<i>(Administrative Office use only)</i>		
Date received: _____	Initials: _____	
Course verified (Supt) _____	Initials: _____	Date: _____
Funds encumbered (Treas) _____	Initials: _____	Date: _____
Transcript / Receipt or cancelled check: _____		Date: _____
Date Employee Paid: _____		

N. Evans, HS Principal
A. Sanders, MS Principal
Middle / High School
330.927.7101 MS
330.927.7141 HS

Dr. S. DeVoe, Principal
Elementary
330.927.7461

M. DeAngelis
Dir. Student Services
Administration
330.927.7413