

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

Application **MUST** be completed thirty (30) days from the initial start date of the class/course. (Article 19, A, 3)

Name: _____ Date: _____

Building: _____ Total years taught in Rittman: _____

Did you receive reimbursement last year? _____ Yes _____ No

I am applying for: _____ semester or _____ quarter hours

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

Location: _____

Attach verification and description of course(s):

I understand that if I do not teach in the Rittman Schools for a minimum of one contractual year following completion of the course, I must pay back to the Board of Education the amount received for the course(s). This may be done through payroll deduction or lump sum deduction from my final paycheck. Per negotiated agreement REA, Article 19, A, pg. 32-33.

Signature of Applicant Date

(Administrative Office use only)

Date received: _____ Initials: _____
Course verified (Supt) _____ Initials: _____ Date: _____
Funds encumbered (Treas) _____ Initials: _____ Date: _____
Transcript / Receipt or cancelled check: _____ Date: _____
Date Employee Paid: _____

N. Evans
Principal
High School
927-7141

K. Hamsher
Principal
Middle School
927-7101

S. DeVoe
Principal
Elementary
927-7461

A. Meredith
Dir. Student Services
Administration
927-7413