

**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 **BEFORE** taking the course.)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Building: \_\_\_\_\_ Total years taught in Rittman: \_\_\_\_\_  
Did you receive reimbursement last year?  Yes  No  
I am applying for:  Semester or  Quarter Hours  
Tuition per Credit Hours: \$ \_\_\_\_\_ Total Paid \$ \_\_\_\_\_  
Beginning date of course: \_\_\_\_\_ Ending date of course: \_\_\_\_\_  
Location of facility: \_\_\_\_\_

Attach verification and description of course(s): \_\_\_\_\_

(Per negotiated agreement between Rittman Board of Education and Rittman Education Association. Article 19, Professional Development Program, A-D, pg. 28.)

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.

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, Principal  
K. Hamsher, Asst. Principal  
Middle / High School  
330.927.7101 MS  
330.927.7141 HS

Dr. S. DeVoe, Principal  
Elementary  
330.927.7461

Dr. A. Meredith  
Dir. Student Services  
Administration  
330.927.7413