

**Rittman Exempted Village School District**  
**Reimbursement Request**

*(Form must be completed and turned in by cut off day of that pay period)*

**INTERNAL REASSIGNMENT (during the regular work day \$16.00 per period) effective 7/1/2014**

Date: \_\_\_\_\_

Period: \_\_\_\_\_

Re-Assignee's Name: \_\_\_\_\_

Name who you filled in for: \_\_\_\_\_

**IEP CONFERENCES (outside of the regular work day \$16.00 per conference) effective 7/1/2014**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**L.P.D.C. COMMITTEE TRAINING (outside of the regular work day)**

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Time (hours / minutes): \_\_\_\_\_

Total for reimbursement (circle one):      Periods              Hours/Minutes              Conferences

Amount total of reimbursement: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Supervisor / Principal's Signature: \_\_\_\_\_