

**COLONEL CRAWFORD LOCAL SCHOOLS
SUPPLEMENTAL PAY FOR COLLEGE CREDIT**

ADVANCED APPROVAL

Employee Name

Building

School to be Attended

Dates of Attendance

Graduate Course to be Taken:

Title

Brief Description

Number of Credit Hours Taken

Cost of Credit Hours Taken

Benefits to be derived from taking course:

Date

Employee

Approved / Denied

Superintendent

Date

Supt. will forward copy of Advanced Approval to the Treasurer's Office

REIMBURSEMENT

Grades earned

\$

Allowable Reimbursement Amt

Date

001.2213.231/590.2160.410

Purchase Order Number _____

Please attach an official transcript or grade report and a receipt for payment.