

**Regional School Unit 3**  
**Request Form for Professional Course Reimbursement**

(APPROVAL IS REQUIRED BEFORE COURSE REGISTRATION)

1. Name of requesting individual \_\_\_\_\_ Date: \_\_\_\_\_
2. Position \_\_\_\_\_ School \_\_\_\_\_
3. Course # \_\_\_\_\_ Title \_\_\_\_\_ Cost \$ \_\_\_\_\_
4. Date course begins \_\_\_\_\_ Course offered by \_\_\_\_\_
5. Course is for college credits: Number of credits \_\_\_\_\_ Course is for CEU's: Number of CEU's \_\_\_\_\_
6. The following course types are to be excluded from taxable income. Please circle the appropriate response (s) and provide documentation with this application to verify.
  - a. Undergraduate course(s)
  - b. Course used for recertification
  - c. Graduate level course(s) required by RSU #3 Board of Directors
  - d. Graduate level course(s) towards Board-required advanced degree
  - e. Graduate level course(s) necessary to maintain and/or improve skills in current position
  - f. Graduate level course(s) leading to an advanced degree that is not required to maintain the current position.

I understand that reimbursements exceeding \$5,250 in a calendar year, are subject to withholding, must be included in the employee's wages and are fully taxable.

Employee's Signature X \_\_\_\_\_ Date: \_\_\_\_\_

7. Is the course part of planned program of study? ☐ yes ☐ no Specify: \_\_\_\_\_
8. Is this within your academic major field? ☐ yes ☐ no
9. Under the 2023-2026 teacher's contract, reimbursement will be made to the employee at the maximum of the current University of Maine rates.
10. In accordance with district policy: ☐ approval is not granted (see reverse for reason)  
☐ approval is granted Reimbursement approved up to the amount of \$ \_\_\_\_\_
11. *Teachers* requesting optional pre-payment must submit a copy of the tuition bill and sign the following salary deduction authorization:

As a pre-condition to receiving a professional credit payment from RSU #3, I agree in writing to reimburse RSU #3, through automatic payroll deduction in two pay periods (may be extended to four pay if wages are limited), for any such prepayment I have received in the event that (a) I do not complete the course or (b) I do not receive a grade of "B" or better (passing grade in a PASS or FAIL course) or (c) I do not submit my final grade(s) to the Central Office within 60 calendar days after the official end of the academic semester.

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

\* \* \* \* \* OFFICE USE ONLY \* \* \* \* \*

Superintendent's approval: \_\_\_\_\_ Date: \_\_\_\_\_

Payment approved by: \_\_\_\_\_ Date: \_\_\_\_\_

PO# \_\_\_\_\_