



409 Bell Road Rome, New York 13440

ROME CITY SCHOOL DISTRICT REQUEST FOR EDUCATIONAL COURSE REIMBURSEMENT

| | | |
|------------------------|--------|-----------------|
| _____ | _____ | _____ |
| Applicant | School | Date of Request |
| Course Name and Number | _____ | |
| Awarding Institution | _____ | |
| Total Semester Hours | _____ | |
| Date Course Begins | _____ | |

Approval Granted _____

Date of Action

Approval Denied _____

Director of People Operations