

RSU 12 Request for Course Approval & Payment Form

As per the appropriate Negotiated Contract or Work Agreement

NAME: _____ SSN: _____ DATE: _____

Please choose the appropriate employee category for this request.

- ADMINISTRATOR
- TEACHER
- SUPPORT STAFF
- AT WILL

I am requesting approval and third-party billing for the course named below.

Under the right-to-know law, you will receive a copy of the invoice as billed to the school department. This letter serves as notice to the **BUSINESS OFFICE** to direct bill **RSU #12, at 665 Patricktown Rd., Somerville, ME 04348** for amount approved below. Please include the course number and course title on all invoices submitted.

COURSE NUMBER & TITLE: _____

NAME OF INSTITUTION GRANTING CREDIT: _____

SEMESTER HOURS OF CREDIT TO BE AWARDED: _____

DATE CLASS BEGINS: _____ ENDS: _____

COST OF TUITION: _____ MATRICULATED? YES _____ NO _____

EMPLOYEE/STUDENT SIGNATURE: _____ DATE: _____

After completing this request: please send to your Principal/Supervisor. If you are under Special Services or Technology, this form must be signed by both the Principal and the Director.

Approvers, circle approved or denied and sign and date.

APPROVED / DENIED: _____ DATE: _____
(Principal)

APPROVED / DENIED: _____ DATE: _____
(Director, if applicable)

APPROVED / DENIED: _____ DATE: _____
(Accounts Payable)

APPROVED / DENIED: _____ DATE: _____
(Howard Tuttle, Superintendent)

If **Denied**, please explain:

Employee has met the limit for the contract year

Other: _____

**If employee does not pass course, repayment of funds to RSU will be payroll deducted.

THE EMPLOYEE IS REQUIRED TO SUBMIT THIS FORM
TO THE INSTITUTION AFTER APPROVAL
IT IS NOT THE RESPONSIBILITY OF THE SUPERINTENDENT'S OFFICE