



PROFESSIONAL DEVELOPMENT COURSE APPROVAL

- 1. Name Building & Subject/Grade now teaching
2. Current area of certification
3. Degree held prior to enrolling in this course
5. Information relative to course for which approval is requested:
a. Course name Course number
b. Is this a graduate level course? Yes No Number of credits Tuition amount
c. This course is (select all that apply) Online Hybrid Master's Program Other
d. Accredited college/university name
f. Month/Day/Year course begins Month/Day/Year course ends
g. Course description
h. How will the West York Area students benefit from your participation in this course?

EMPLOYEE ACKNOWLEDGEMENT

I acknowledge that, in accordance with the current employment agreement between the West York Area School District and West York Area Education Association, that I will be required to compensate the District, in full or in part, for this tuition reimbursement if I leave the District, for reasons other than death, retirement, or disability, within the next twenty-four (24) months.

I further acknowledge that any ancillary items such as, but not limited to, calculators, iPads, eReaders, etc. that are free to participants of the program and/or covered in the cost of tuition, be property of the District. As long as I continue as a West York Area School District employee, this equipment will be allocated for my professional use.

List such items:

Employee's Signature

Date

FOR OFFICE USE ONLY

During the school year, you have been reimbursed for credits totaling.

As of, you have been reimbursed for credits post your Master's Degree.

Year received highest degree and/or column movement.

Human Resources' Signature

Date

Superintendent's Signature

Date