

Office Use Only: School Year \_\_\_\_\_

**MERCER COUNTY EDUCATIONAL SERVICE CENTER  
Credit Reimbursement Request**

*(Please print or type)*

Certified Employee's Name \_\_\_\_\_

Current Job Assignment \_\_\_\_\_

Application Date \_\_\_\_\_ Date of First Class Meeting \_\_\_\_\_

<u>Course No.</u>	<u>Course Title</u>	<u>University</u>	<u>Number of Hours</u>	
			<u>Sem.</u>	<u>Qtr.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please explain how the above classes are related to your work assignment at the ESC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee's Signature** \_\_\_\_\_

\_\_\_\_\_  
Approved for reimbursement (upon successful completion of course work and receipt of record of grade(s) and receipt of payment **within three months of class completion**)

\_\_\_\_\_  
Not Approved - Reason: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Superintendent

Approved For Payment \_\_\_\_\_ Date \_\_\_\_\_  
Superintendent