

Coventry Public Schools
Coventry, RI 02816

SRP Request for Course Reimbursement

Name

Date

Building Assignment

Job Classification

Permission is hereby requested to enroll in a course which is related to my work responsibility and for which I will be reimbursed upon successful completion of said course in accordance with the Agreement between the Coventry School Committee and the CTA/SRP, Article 31 Course Reimbursement.

School/College/University/Institution

Semester/Year

Course Name

Course Number

Brief description of course: _____

Relationship of course to my job classification: _____

Tuition Costs: _____

Employee Signature

Request: ()Approved ()Denied

SRP Executive Board

Request: ()Approved ()Denied

Superintendent's Signature

Upon successful completion of course, please supply to the SRP/Executive Board transcript and itemized documentation of cost for reimbursement. Reimbursement will be made on or about June 1 of each year.