

Atlantic Community School District

**REQUEST FOR
PROFESSIONAL DEVELOPMENT INCENTIVE REIMBURSEMENT**

Employee Name _____ Date _____
(Please Print)

Approval for reimbursement in the amount of \$_____ from the Educator Quality Money fund was approved by the committee on _____.

I have completed the course(s) indicated on the attached copy of my approved PD Incentive application and original transcripts have been submitted as required for reimbursement.

I understand that this reimbursement request must be received by the 15th of the month to be included with my paycheck on the 25th of the month. Otherwise, the reimbursement will be included on the following month's paycheck.

Employee Signature