CHAMBERSBURG AREA SCHOOL DISTRICT
NON-BARGAINING TUITION
REIMBURSEMENT PRE-APPROVAL FORM

Dr. Crystal Lautenslager, Director of Curriculum & Instruction
Administration Building
435 Stanley Avenue, Chambersburg, PA 17201

Application is hereby made for pre-approval of the following course to be taken for reimbursement as stipulated under Agreements.

ALL TRAINING SHOULD BE PRE-APPROVED BY IMMEDIATE SUPERVISOR.

Applicant Name (please print): ____________________________________________________________

Job Title: ___________________________________________ Building: __________________________

Course Name: ____________________________________________________________

Course Number: ____________________________________________________________

Course Begins: __________________________ Course Ends: __________________________

Institution: ________________________________________________________________

Credits/Instructional Hours: ____________________________________________________

Cost per Credit: ____________________________________________________________

Purpose of Taking Course: (Please check appropriate line(s))

________ Certification ____________________________________________________________

(Please attach a copy of your program showing relationship to current job)

________ Degree Program __________________________________________________________

(Please attach a copy of your university approved program showing relationship to current job)

________ Other ________________________________________________________________

(Please attach the following information – course outline; explanation showing appropriateness of course to current job)

For District Use Only:

Approved: __________________________ Immediate Supervisor

Denied: __________________________ Immediate Supervisor

Approved: __________________________ Director Curriculum & Instruction

Denied: __________________________ Director Curriculum & Instruction

Date: ____________________________

Amount: ____________________________

Acct#: ____________________________

Employee Signature

Employee Street Address

City __________________________ State __________________ Zip __________________________

Date ____________________________

Revised 01/13/2022

EMPLOYEE PLEASE SEE BACK FOR FURTHER INFORMATION
In order for Salary Advancement to take place a form like this one must be completed and returned to Michael Reading in the District Administrative Office. This form can be located under “Forms” on the Human Resources web page (www.casdonline.org/hr). The following timeline should be followed:

**July 1st Pay:**
- Form must be submitted by the time your last class is completed but not later than June 15th

**January 1st Pay:**
- Form must be submitted by the time your last class is completed but not later than December 15th
- Please check the appropriate eligibility below.

Each Blocked Checked = 45 hours completed instruction

- (total hours)__________
- (total hours)__________
- (total hours)__________

$160 salary adjustment for each block of 45 hours of completed instruction.

*Please note carryover hours (if any) towards next block of 45 ________

Date Received:__________
(office use only)