

**COUNTY OF ALBEMARLE
TEACHING ASSISTANTS/CLASSIFIED**

COURSE/CONFERENCE REIMBURSEMENT REQUEST

NAME OF EMPLOYEE:	
ADDRESS:	
POSITION:	AMOUNT OF COURSE/CONFERENCE:
SCHOOL/DEPARTMENT:	
COURSE/CONFERENCE TITLE:	
LOCATION: (School, College, etc.)	
DATE OF COURSE/CONFERENCE:	
PLEASE STATE RELEVANCE OF COURSE/CONFERENCE TO YOUR CURRENT POSITION:	

SIGNATURE

DATE SIGNED

APPROVALS:

RECOMMEND APPROVAL

DO NOT RECOMMEND APPROVAL

SIGNATURE, PRINCIPAL/DEPARTMENT HEAD

SIGNATURE,
PROFESSIONAL DEVELOPMENT COORDINATOR

APPROVED

NOT APPROVED

NOTE: Upon completion of course, paid receipt and evidence of a passing grade must be submitted to the Albemarle Resource Center in order to complete the reimbursement process.

White: Albemarle Resource Center

Yellow: Employee

Pink: Principal/Department Head