



Cincinnati Central School

Prior Approval

For Reimbursement:

Number of Hours _____ Amount Requested Reimbursement _____

For Graduate Classes:

Graduate _____ Number of Credits for Course _____

Employee Name: _____

Title of Activity/Course: _____

Presenter: _____ Date of Activity: _____

If activity is off campus, provide brochure or written description. For graduate courses, attach course description.

Employee Signature _____ Date _____

Principal Signature _____ Date _____

Superintendent Signature _____ Date _____

Please remember that you must turn in proof of completion after the activity/course. Certificate of attendance or sign-in sheets for workshops. Final grades must be turned in upon completion of Graduate Classes. Reimbursement requires you fill out a claim invoice **AFTER** the class or activity is done