



Lancaster City Schools

For Office Use Only:
PO# _____
Vendor# _____
Date Paid Employee: _____

Application for Certificate Reimbursement Funds

EDUCATOR REQUEST FOR CERTIFICATION/LICENSURE REIMBURSEMENT

The Board will reimburse 75% of certification or licensure renewal and/or upgrade fees per bargaining unit member. **PLEASE SUBMIT A COPY OF YOUR NEW LICENSE WITH THIS FORM TO HR.**
 (Please print or type)

NAME: _____

ADDRESS: _____

BUILDING/DEPARTMENT: _____

CERTIFICATE BEING RENEWED: _____

ISSUE DATE OF CERTIFICATE BY ODE: _____

AMOUNT PAID BY EDUCATOR: _____

1st Certificate Renewal Date _____

2nd Certificate Renewal Date _____

Your reimbursement has been: _____ **APPROVED**

_____ **DISAPPROVED**
If disapproved, reason is listed below.

CERTIFICATE OF COMPLETION AND APPROVAL FOR REIMBURSEMENT

This certifies that the above employee is eligible to receive reimbursement for 75% the cost of certificate/licensure.

Amount Due \$ _____ Authorized by _____

It is hereby certified that the amount \$ _____ required to meet the contract, agreement, obligation, payment of expenditure for the above, has been lawfully appropriated or authorized or direct for such purpose and was in the Lancaster Board of Education Treasury or in process of collection the credit of the General Fund free from any obligation or certificate now outstanding.

Treasurer: _____ Dated: _____

F-22 12/00, 12/10, 06/19

Submit to LPDC Office (Human Resources) for reimbursement.