

APPENDIX G
CAPE ELIZABETH SCHOOL DEPARTMENT
COURSE REIMBURSEMENT
EDUCATIONAL LOAN/ADVANCEMENT
EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

I agree that the following charges of \$ _____ will be paid by the Board on my behalf, in the form of an educational loan/advancement for any approved educational course pursuant to Article XVI- Other Benefits of the existing Collective Bargaining Agreement.

In the event that I do not successfully complete the course(s) or do not provide written verification of successful completion within sixty (60) days from the ending date of the course, I shall reimburse the Board the amount of payment made on my behalf. Unless other reimbursement owed to the Board by me shall be made by payroll deductions in six (6) consecutive payments. Full payment may be made to the business office at any time.

It is also my understanding that should I end my employment with the Board for any reason, I remain liable for the above-mentioned debt and that any remaining balance is authorized by me to be deducted in full from my final pay.

Course Title: _____

Number of credit hours: _____

Institution: _____

Starting date: _____

Ending date: _____

Signature

Date

Approved by

Date