

MIDLAND PUBLIC SCHOOLS

**ADMINISTRATOR PROFESSIONAL DEVELOPMENT/  
PROFESSIONAL MEMBERSHIP DUES/  
CONFERENCE REIMBURSEMENT FORM**

Effective July 1, 2017, all Midland Public Schools' administrators will be provided up to \$1,500 per year towards the payment of conferences, professional membership dues, and the reimbursement of graduate semester hours/SCECHs for professional development.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School/Department: \_\_\_\_\_

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**TUTION REIMBURSEMENT REQUEST**

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School Year: \_\_\_\_\_ # of Semester Hours: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Date Course Started: \_\_\_\_\_ Date Course Completed: \_\_\_\_\_

Amount of Reimbursement Requested: \$ \_\_\_\_\_

Attach a copy of transcript or grade report for coursework

Attach a copy of itemized course fee statement(s)

Attach a copy of evidence of payment(s)

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Human Resources

Account Number: \_\_\_\_\_

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**CONFERENCE REQUEST**

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Name of Conference: \_\_\_\_\_

The conference will be held at \_\_\_\_\_ on \_\_\_\_\_  
(place) (dates)

Estimated expenses: (Receipts required. Transportation and lodging should be shared, if possible)

Registration fee \_\_\_\_\_ Transportation fee \_\_\_\_\_ Food \_\_\_\_\_

Lodging \_\_\_\_\_ Other \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Human Resources

Account Number: \_\_\_\_\_

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**PROFESSIONAL MEMBERSHIP REQUEST**

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Name of Organization: \_\_\_\_\_

Membership Dates: \_\_\_\_\_

Amount of Membership Dues: \_\_\_\_\_

Attach a copy of the renewal form for payment or

Attached a copy of evidence of payment

Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Manager of Human Resources

Account Number: \_\_\_\_\_

9/17/15