

EPPING SCHOOL DISTRICT
REQUEST FOR CERTIFICATION REIMBURSEMENT
PARAPROFESSIONAL

I, _____, am requesting reimbursement for
(Please print name)

obtaining my certification from the NH Department of Education during

the _____ school year. Attached is a copy of

the certification document and proof of payment.

It is agreed:

1. That I am employed by the Epping School District at the time of this request, and not subject to the 90 calendar days probationary period.
2. That I have obtained certification during the school year, and this request is not for a prior school year.
3. That the certification I have obtained pertains to my employment.

(Signature)

(Date)

PLEASE RETURN TO SAU OFFICE: ATTENTION PERSONNEL