

EPHING SCHOOL DISTRICT

PARAPROFESSIONAL CERTIFICATION REIMBURSEMENT REQUEST

I, _____ am requesting reimbursement for
(name of Paraprofessional)

obtaining my certification from the New Hampshire Department of Education during the

_____ school year. Attached is a copy of my certification and proof of payment.

It is agreed:

- ★ That I am employed by the Epping School District at the time of this request.
- ★ That the certification I have obtained pertains to my employment.
- ★ That I have obtained certification during the school year and this request is not for a prior school year.

(Signature)

(Date)

PLEASE RETURN TO THE SAU OFFICE: ATTENTION STUDENT SERVICES OFFICE

This Section For SAU Office Use Only:

Account #: 10-2210-5810-00

Amount: _____

- Copy of certification is attached (issue date: _____, expiration date: _____)
- Copy of proof of payment is attached.
- Copy of certification has been given to the Student Services Office, Superintendent's Office, and the Business Office.

- New hourly rate: _____ OR No change in hourly rate.