



COLUMBUS CITY SCHOOLS
TALENT/HUMAN RESOURCES DEPARTMENT

**CLAIM TO BE REIMBURSED FOR APPROVED
PROFESSIONAL DEVELOPMENT
CLASSIFIED EMPLOYEES**

Submit to: *Professional Learning and Licensure*
ProfessionalLeaves@columbus.k12.oh.us
17th Avenue Service Center (889 East 17th Avenue)
Attn: Professional Development Reimbursement

This section will be completed by HR.

Purchase Order #	
Employee Vendor #	

Name: **Work Location:**

Job Title: **Employee I.D. #:**

Work Phone: **Home Phone:**

Name of Professional Development:

Location of Professional Development:

Date(s) of Professional Development:

Total Professional Development Reimbursement Amount Approved by Committee

Professional Development Expenses (Original receipt must be attached.)

Less Amount Received from Grant, Scholarship, etc.

Reimbursement Amount Owed

**THE FOLLOWING MUST BE ATTACHED AND SENT WITHIN 30 DAYS OF COMPLETION
OF THE PROFESSIONAL DEVELOPMENT IN ORDER TO RECEIVE REIMBURSEMENT:**

- * Official registration for the professional development with fee(s) charged
- * ORIGINAL detailed fee payment receipt showing how payment was made (grants, scholarships, credit card, etc.)
- * Proof of Attendance (certificate of completion, letter of attendance from organization, etc.)

Employee's Signature

Date

By signing, I agree that I attended the professional development event listed above at the location shown, on the date(s) provided, and for the purpose stated on my request.