



Our Journey is **Beyond Education**



## USW SERVICE IMPROVEMENT ALLOCATION

### Employment Enrichment Reimbursement

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

Request Date: \_\_\_\_\_

Department: \_\_\_\_\_

School Year: \_\_\_\_\_

Course Description (*describe below*)

Course Completion Date: \_\_\_\_\_


Total Reimbursement Request: \_\_\_\_\_

Receipt Attached

(committee use only)

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

- Approved
- Denied

\_\_\_\_\_

Committee Member

Submit completed form to [infosia@sd79.bc.ca](mailto:infosia@sd79.bc.ca)

