



Norton City Schools
License Reimbursement Form

Date: _____

Staff Member Name: _____

Position: _____

Area of Certification renewed:

License renewal cost: \$ _____

Reimbursement amount: \$ _____

**** Please provide proof of payment and a copy of your new license. ****

11.14 License Reimbursement

The Board shall reimburse unit members for one-half the cost of license renewals. Reimbursement shall be made following the completion of the proper form.

Employee Signature: _____

Signature Superintendent/Designee: _____