*Use this form to request reimbursement for the time teachers are relieved from classroom duties to complete GOLD interrater reliability and attend approved teacher trainings, recaps, coaching, or other approved meetings. Teacher planning time will be recorded on the Monthly*

*Checklist and submitted with the monthly paperwork.*

Collaborative Center\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Substitute Name  (if needed) | Staff name | Reason for reimbursement request (recap, training, etc.) | Date and times of activity | Total hours | Total amount  (hours x $15.50) |
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Total Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_