

WYALUSING AREA SCHOOL DISTRICT EMPLOYEE'S REQUEST FOR PAYMENT OF CREDITS

(To Be Completed AFTER Taking the Course)

Printed Name _____ Date _____

Soc. Sec. No. _____ Date of Attendance _____

Course Title _____ Course Number _____

Total No. of Credits Earned _____ Cost per Credit _____

School Year _____ PSU Cost per Credit _____

Course Number	Course Title	Grade	Credits	For Office Use Only		
				Payroll	Records	<u>CreditsYTD</u> Credits Allowed

Please be sure to attach verification of satisfactory completion, payment & cost per credit.

Certified 10-2271-240-000-10/30- _____

Non-Cert. 10-2272-240-000-10/30- _____

Employee-Vendor Number _____

Institution-Vendor Number _____

Credits taken YTD/Credits Allowed

Total Credits Earned

Actual Cost per Credit

Difference (Actual Cost-PSU Cost)

____ 90% (A) ____ 75% (B)

Amount to be Paid to **Employee**

Amount to be Paid to **School**

(Principal's Authorization)

(Date)

(Employee's Signature)

(Superintendent's Authorization)

(Date)

**After an employee has reached 24 credits, they shall enter into a cycle where they are allowed a maximum of 18 credits every five (5) years.