



DISTRICT SCHOOL BOARD OF PASCO COUNTY

MIS Form #633  
Rev. 9/09

**ADULT EDUCATION**  
**REQUEST FOR PAYMENT OF COURSE FEE**

Employee Name \_\_\_\_\_

Job Title \_\_\_\_\_ Location \_\_\_\_\_

Adult Center \_\_\_\_\_

Course Title \_\_\_\_\_ Meeting Day \_\_\_\_\_

Course Location \_\_\_\_\_ Course Dates \_\_\_\_\_

Course Number \_\_\_\_\_ Section Number \_\_\_\_\_

Instructor \_\_\_\_\_ Course Hours \_\_\_\_\_

I request permission to attend the above noted course under the provisions of Adult Education policies. I am enrolling in this course to update and improve my occupational skills and knowledge in order to achieve stability or advancement in my current position with the Board.

I agree to attend all class meetings and fully participate to the best of my abilities.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Administrator Name

\_\_\_\_\_  
Principal/Administrator Title

\_\_\_\_\_  
Principal/Administrator Signature

\_\_\_\_\_  
Date

This course is designated as job-related for the employee listed above. In addition, the employee must submit evidence of successful completion of the course.

\_\_\_\_\_  
Signature of Administrator Approving Course

\_\_\_\_\_  
Date