



**YARMOUTH**  
*SCHOOL DEPARTMENT*

*Empowering all students*

**Course Pre-Payment Authorization Form**

For Direct Payment Option- Employee Payroll Authorization Form  
(Please complete one form for each course tuition payment request)

I agree that following tuition charges of \$ \_\_\_\_\_ will be paid by Yarmouth School Department to the college institution, in the form of a direct payment option for the approved educational course listed below, pursuant to Article 13 of the existing Teacher’s Collective Bargaining Agreement.

In the event that I do not successfully complete the course(s) with a grade of “B” or better, or a grade of “Pass” in a Pass/Fail course, or do not provide within sixty (60) calendar days of receipt of written notification of satisfactory completion of the course, or the ending date of such course, I shall reimburse Yarmouth School Department the amount of tuition payment made on my behalf. Unless other repayment arrangements have been made with the Superintendent in writing, any reimbursement owed to the District by me shall be made by payroll deduction in six (6) consecutive equal payments, or less in the event there are fewer than four (4) pay periods remaining in the contract year. Full payment may be made to the business office at any time.

It is also my understanding that should I end my employment with Yarmouth School Department for any reason, I remain liable for the above-mentioned debt, and any remaining balance shall be collected by payroll deduction in the next available pay period.

Course Title: \_\_\_\_\_

Number of credit hours: \_\_\_\_\_ Total (tuition only) costs: \_\_\_\_\_

Institution: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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

*\*Employee must also fill out and submit the Course Pre-Approval Form*

**Once this form has been completed, please send it to: Jill Pettengill at Central Office**

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*For Business Office Use Only*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

