

CLEARANCE REIMBURSEMENT FOR OM Coach/Assistant Coach

Copies of all current (within 12 months) Clearances
MUST be provided to DSC/Gifted Ed. Dept. with this form for reimbursement.

*****Please DO NOT send the originals.*****

I, coach/assistant coach, certify that I have completed twenty (20) hours of services to Odyssey of the Mind teams registered by Williamsport School District. Please reimburse me for the applicable clearance noted below.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Reimburse for Act 114 – FBI Fingerprinting Background Check

Coach/Assistant Coach Signature

Date

Return this form to the DSC, Gifted Ed. Dept. with clearance copies for administrator approval and processing for reimbursement.

I have received copies of the clearances for reimbursement as checked above.

Administrator Signature

Date

Forward this completed form to Human Resources for processing for reimbursement.