



Tuition Reimbursement Form

Please email completed form and supporting documents to: classifiedei@sdccd.edu. Or please mail completed forms and documents to: **SDCCD 3375 Camino del Rio South Attn Employee Relations San Diego CA, 92108**

Employee Name (last, first)	Employee ID#
Position Title	Phone #
Email address	Work Location
Department	Bargaining Unit or Meet & Confer Group

HR use Only

Class End Date*	CRN	Subject	Course No.	Course Title	Units	Grade

Name of accredited institution: _____

Total Amount Requested \$ _____ Official/sealed Transcript(s) attached?

(For amount requested attach itemized receipts only, no bank or credit card statements)

*** NOTE: Transcript(s)-Or the "Declaration of Official Grade Report Submission" is required within 30 days (60 days for AFT: Office Technical/Food Services/Maintenance and Operations employees) following successful completion of the class(es).** Payment requests will not be processed without receipt of official transcript(s).

** The payout periods for AFT Classified unit members are in March and September every fiscal year. Reimbursement requests are due in Human Resources no later than February 28th, for the March payout period and August 31st, for the September payout period. Requests submitted after the deadlines will be processed during the next payout period.

Employee's Signature _____	Date _____
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-Human Resources Use Only-

Official Transcripts received (date) _____ Declaration submitted-if needed: _____

Approved Reimbursement Amount \$ _____ Employee Status: Active:

Approved by _____ Date _____