



# Tuition Reimbursement Form

<b>LAST NAME</b>	<b>FIRST NAME</b>
<b>EMPLOYEE ID NO.</b>	<b>POSITION TITLE</b>
<b>PHONE NO.</b> <i>(Work or Cellphone)</i>	<b>EMAIL ADDRESS</b>
<b>WORK LOCATION</b>	<b>DEPARTMENT</b>

Please indicate ("X") which Bargaining -or- Meet & Confer Group you belong to:

- |  |  |
|--|--|
| <input type="checkbox"/> AFT/Food Service              | <input type="checkbox"/> Management                        |
| <input type="checkbox"/> AFT/ Maintenance & Operations | <input type="checkbox"/> Police Officers Association (POA) |
| <input type="checkbox"/> AFT/Office Technical          | <input type="checkbox"/> Supervisory & Professional (SPAA) |
| <input type="checkbox"/> Confidential (ACE)            |  |

Date Class Ended <i>(* see NOTE below)</i>	CRN	Subject	Course No.	Course Title	Units	Grade <i>(HR use only)</i>

Name of Accredited Institution: \_\_\_\_\_

Total Amount Requested \$ \_\_\_\_\_ Official/sealed Transcript(s) attached?  YES  NO ("Declaration" must be 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 & Operations employees) following successful completion of the class.** For a complete description of the Tuition Reimbursement procedures, please refer to your collective bargaining/group handbook. Payment request will not be processed without receipt of official transcript(s).

Employee's Signature: _____	Date: _____
-----------------------------	-------------

<b><u>-Human Resources Use Only-</u></b>	
Official Transcripts received: <i>(date)</i> _____	Declaration submitted- <i>if needed</i> : <i>(date)</i> _____
Approved Reimbursement Amount: \$ _____	Employee Status: Active? <i>(circle)</i> Y   N
Approved by: _____	Date: _____