



**INSTRUCTIONS**

Complete one application per semester, quarter, seminar, workshop, or activity; if attending multiple institutions per quarter/semester, complete separate application for each. Submit completed form no earlier than 30 days prior to course(s) start date and no later than the end of the second week of classes to Services Unit, Human Resources Division, District Office.

Name \_\_\_\_\_ Employee No \_\_\_\_\_ Worksite  
\_\_\_\_\_ Select One

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee Unit \_\_\_\_\_  Acting  Regular Email Address \_\_\_\_\_  
Select Unit \_\_\_\_\_  Full Time  Part Time \_\_\_\_\_

Office/Work Location \_\_\_\_\_ Current Position \_\_\_\_\_ Extension \_\_\_\_\_ If acting or on leave, from what position? \_\_\_\_\_

I request approval for reimbursement of tuition that will be paid for the following workshop, conference, institute, or course(s) to be completed at:

\_\_\_\_\_  
Name of Accredited Institution or Entity Offering Conference Location where classes/conference will meet

Subject	Number	Title	Units	Start Date	End Date	Amount of Tuition
						\$
						\$
						\$
Textbooks and/or Materials						\$
Total						\$
Total Reimbursement*						\$

List duties in current assignment.

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50% of tuition, textbooks and materials will be paid to a maximum of Select One per fiscal year. 100% of tuition paid if classes taken in LACCD.

For more detailed information about the tuition reimbursement process, see HR Guide R-501, Tuition Reimbursement:  
[http://www.laccd.edu/faculty\\_staff/extranet2/documents/HRGuide\\_R-501\\_TuitionReimbursement.pdf](http://www.laccd.edu/faculty_staff/extranet2/documents/HRGuide_R-501_TuitionReimbursement.pdf)

Describe how the proposed professional development program related to the current classification/position.

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**FOR ACADEMIC SUPERVISOR [TEAMSTER] CONFERENCE ATTENDANCE ONLY:**

Approved  Disapproved

\_\_\_\_\_  
Academic Supervisor [Teamster] President Signature

Describe how the proposed professional development program is related to promotional opportunities or career ladder, or will result in more effective administrative service to the District.

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Approved  Disapproved

Committee on Tuition Reimbursement

\_\_\_\_\_  
Member Signature

Reason: \_\_\_\_\_

***This is to certify that I have not or will not receive funds from the LACCD in excess of 100% of the costs of this activity.***

\_\_\_\_\_  
Applicant Signature

**ACKNOWLEDGED BY [NOT REQUIRED FOR UNIT 1]**

\_\_\_\_\_  
President or Division Head Signature

**FOR OFFICE USE ONLY**

ENCUMBRANCE

FISCAL YEAR _____	AMOUNT _____
RECORDED _____	WAITLIST _____
EMAIL _____	INITIALS _____