



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

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.

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

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

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.

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 _____