



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 the Assignment and Administrative Services Unit, Human Resources Division, District Office.

Name _____ Employee No _____ LACCD Email Address _____

Home Address _____ City _____ State _____ Zip _____

Employee Unit _____
 Regular Full Time
 Part Time Acting

Office/Work Location _____ Current Position _____ LACCD Phone Number _____

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

Name of Accredited Institution or Entity Offering Activity _____ Location where activity will be offered _____

Please use additional sheets if necessary and attach any available receipts

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

List duties in current assignment (required).
Describe how the proposed course, workshop or seminar relates to the current classification/position (required).
Describe how the proposed course, workshop or seminar relates to promotional opportunities and/or career ladder, or will result in more effective administrative service to the District (required).

50% of tuition, textbooks and/or materials will be paid to a maximum of the amounts listed in the current Bargaining Unit 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 or your current Collective Bargaining Agreement:

<http://www.laccd.edu/Departments/HumanResources/HRPublications-2/Documents/HRGuide-R501-TuitionReimbursement%203-6-2017%20accepted.pdf>

FOR OFFICE USE ONLY	
ENCUMBRANCE	
FISCAL YEAR _____	AMOUNT _____
DATE _____	INITIALS _____
RECORDED _____	WAITLIST _____

By signing below, I acknowledge that the requested reimbursement amount is contingent upon the current tuition reimbursement limits established by my collective bargaining unit and the availability of funds during the current fiscal year.

_____ Applicant Signature