



**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						\$

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>

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).  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved  Disapproved

Committee on Tuition Reimbursement

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

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

**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 \_\_\_\_\_