

DIVISION OF HUMAN RESOURCES-OFFICE OF PERSONNEL OPERATIONS, STAFF DEVELOPMENT UNIT
 APPLICATION FOR APPROVAL OF TUITION REIMBURSEMENT FOR PROFESSIONAL DEVELOPMENT
 AS PROVIDED IN ARTICLE 17 OF THE CLASSIFIED UNIT I AGREEMENT

- NOTE: 1) Complete one application per semester, quarter, seminar, workshop, etc.
 2) This is to be submitted no earlier than 30 days prior to the date that the course(s) start and no later than the end of the second week of classes.

_____ Date

 Name of Member of Classified Unit I Employee # Campus/Worksite Home Address City Zip

 Present Position Title Acting/Regular Office/Work Location Extension

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

 Name of Accredited Institution Location of Campus Where Classes Will Meet

Subject	No.	Title	Units	Start Date	End Date	Amount of Tuition

2) Present Classification/Position: Full Time _____ Part Time _____
 Describe how the proposed professional development program is related to the current classification/position:

Total _____
 Total Reimbursement _____

*50% of tuition, textbooks, and materials paid to a maximum of \$2000 per year.
 100% of tuition paid if classes taken in LACCD.
 (See Personnel Guide B575)

3) Describe how the proposed professional development program is related to promotional opportunities or career ladder:

FOR OFFICE USE ONLY	
ENCUMBRANCE	
FISCAL YEAR _____	LOC _____ 54
Applicant's Class _____	FUND/PROG _____ 1059
Unit _____	OBJECT _____ 5811
Approved _____	ACTIVITY _____ 6744
Disapproved _____	AMOUNT \$ _____
Date _____	DATE _____
Action _____	INITIAL _____

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

COMMITTEE ON TUITION REIMBURSEMENT MEMBER:

APPROVED _____ DISAPPROVED _____ REASON: _____

TEAR OFF FORM FOR TEXTBOOKS AND MATERIALS- PLEASE DETACH BEFORE SUBMITTING THE APPLICATION FORM- THIS IS-TO BE SUBMITTED TO THE OFFICE OF PERSONNEL OPERATIONS, STAFF DEVELOPMENT UNIT DURING THE FIRST TWO (2) WEEKS OF THE CLASSES ONLY. THIS IS TO BE ACCOMPANIED BY ORIGINAL OFFICIAL RECEIPT/S.

TEXTBOOK TITLES:

AMOUNT

PRINT
NAME
↓

\$ _____

DESCRIPTION OF MATERIALS:

NAME _____ EMPLOYEE NO. _____ LOCATION _____