



**REQUEST FOR
TUITION REIMBURSEMENT**

NAME: _____

DATE: _____

EMPLOYEE NUMBER : _____

WORK SITE: _____

POSITION: _____

CSEA Contract - Article 12, Section 12.7 Tuition Reimbursement

The district shall reimburse unit members to a maximum of \$125.00 for tuition and required books upon successful completion of any work-related course **approved in advance** by the District and CSEA. Work-related courses may include courses required for a major in a work-related area, or courses relating to promotional or retraining opportunities within the District.

NAME OF COLLEGE ATTENDING: _____

COURSE(S) REQUESTING APPROVAL FOR:

COURSE(S) BEGIN AND END DATES:

1. _____
2. _____
3. _____
4. _____

- _____
- _____
- _____
- _____

This course(s) relates to my present assignment or will be of professional advantage to me and/or the District in the following way:

I hereby request approval for the above-mentioned course(s) to be taken within the time lines given and understand that I must receive a grade of "C" or better to qualify for reimbursement.

Applicant's Signature

Along with this form you must submit documentation verifying the begin and end dates of the classes you are requesting reimbursement to Mayra Chavez in Human Resources.

APPROVED: _____ DISAPPROVED: _____

If disapproved, state reasons: _____

CSEA President/Designee

APPROVED: _____ DISAPPROVED: _____

If disapproved, state reasons: _____

Assistant Superintendent, Human Resources/Designee