

DIVISION OF HUMAN RESOURCES-OFFICE OF PERSONNEL OPERATIONS, STAFF DEVELOPMENT UNIT
 APPLICATION FOR APPROVAL OF TUITION-REIMBURSEMENT FOR PROFESSIONAL
 DEVELOPMENTS AS PROVIDED IN ARTICLE 23 OF THE CERTIFICATED 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 Certificated Unit Employee # Campus/Worksite Home Address City Zip

Present Position Title Acting/Regular Teaching Discipline Department 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 Assignment: Full Time Part Time Total _____
 Total Reimbursement* _____

List classes in current teaching assignment.

Course No.	Title	Teaching Hours

Total Teaching Hours _____

3) If not teaching, describe how the proposed professional development program is related to the non-teaching assignment.

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.

ACKNOWLEDGED BY:

COMMITTEE ON
TUITION
REIMBURSEMENT:

APPROVED

DISAPPROVED

REASON:

Applicant's Signature Pres. or Div. Head Signature _____ _____ _____

FOR OFFICE USE ONLY

ENCUMBRANCE

Fiscal Year _____ Loc. _____ "L"

Applicant's Class _____ Fund _____ 10059

Unit _____ GL _____ 581100V

Approved _____ Fund Center _____ ZL 0298

Disapproved _____ Amount \$ _____

Date _____ Date _____

Action _____ Initial _____