Reimbursement #_____

EMPLOYEE TUITION REIMBURSEMENT FORM - FISCAL YEAR 20 ____- 20 ____

BEFORE you attend a course/training or pay tuition/membership fees, this section must be filled out completely and submitted to Risk Management for approval.

Employees in Bargaining Units (BU): SLOCEA – 01, 02, 05, and 13, SLOCPPOA – 31 & 32.

____ **(Please initial)** *I have read Sections 1 and 2 on the attached instruction sheet regarding the tuition reimbursement process.*

Employees in Bargaining Units (BU): Management & Confidential – 07, 08, 09, 10, 11, and 17.

____ **(Please initial)** *I have read Sections 1 and 3 on the attached instruction sheet regarding the tuition reimbursement process.*

Employees in Bargaining Units (BU): 03, 04, 06, 12, 14, 15, 16, 21, and 22.

These BU's are not eligible to participate in this program and have negotiated a different reimbursement program or do not have a reimbursement program.

EMPLOYEE REQUEST (Every field must be completed):

Course Title/Professional Organization:_____

Date(s):_____ Institution:_____

Anticipated Cost/Expenses or Membership Fees (Does not include parking fees, meals or lodging): $_____

Note: If the actual cost exceeds the amount requested above, sufficient funds may not be available to reimburse you for the total cost. Therefore, be sure to allow for contingencies when submitting your original request. Any funds remaining from the approved amount requested will be credited to future requests during the fiscal year.

Employee Name (Please print and use Legal Name)	Bargaining Unit (BU)	Personnel #
Department (Please no abbreviations)	Mailing Address, Street, P.O. Box #	
Classification (Please no abbreviations)	City, Zip Code	
Employee Signature	Date	Work Phone #

DEPARTMENT HEAD CERTIFICATION THAT COURSEWORK/ MEMBERSHIP IS JOB-RELATED:

Department Head Signature	Date	Return Claim To (Please provide Full Name)

HUMAN RESOURCES DIRECTOR EXPENDITURE APPROVAL:

☐ Approved
☐ Denied
Reason : _____

H.R. Director/Designee Signature	Date

AFTER you finish a course and/or pay tuition/membership fees, the section below must be filled out completely. This form and attachments are to be submitted to Risk Management within **4 weeks after completion or before June 30th**, whichever is sooner.

EMPLOYEE CERTIFICATION OF SUCCESSFUL COURSE COMPLETION AND/OR PAYMENT:

I certify that I have successfully completed and made payment for the above stated course or have made payment for a professional membership. I have attached the following required documents:

☐ Proof of payment as stated in the instructions ☐ Proof of course/conference completion as stated in the instructions

Employee Signature	Date