

**APPLICATION FOR TUITION REIMBURSEMENT FOR PROFESSIONAL DEVELOPMENT
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 workshops, institute or courses 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* _____

Course No.	Title	Teaching Hours

Total Teaching Hours _____

*50% of tuition paid to a maximum of \$2,000 per fiscal year.

(See Personnel Guide B560)

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

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

APPROVED DISAPPROVED REASON:

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