APPLICATION FOR APPROVAL OF TUITION REIMBURSEMENT FOR PROFESSIONAL DEVELOPMENT
ARTICLE 14 OF THE ADMINISTRATOR'S UNIT 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 Administrator | 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

Total

Total Reimbursement*

2) If acting or on leave, from what position

3) List duties in current assignment.

*50% of tuition paid to a maximum of $2000 per fiscal year.
100% of tuition paid if classes taken in LACCD.

4) Describe how the proposed professional development program will result in more effective administrative service to the District.

FOR OFFICE USE ONLY

ENCUMBRANCE

FISCAL YEAR | LOC. 54
Applicant's Class | FUND/PROG 1059
Unit | OBJECT 5811
Approved | ACTIVITY 6010
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.

ACKNOWLEDGED BY:

COMMITTEE ON TUITION REIMBURSEMENT:

APPROVED | DISAPPROVED | REASON:

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

LACCD FORM C1145 11/97 MAIL APPLICATION TO OFFICE OF PERSONNEL OPERATIONS; STAFF DEVELOPMENT UNIT, 4TH FLOOR, DISTRICT OFFICE