

LOS ANGELES COMMUNITY COLLEGE DISTRICT  
Personnel Operations Branch

APPLICATION FOR TUITION REIMBURSEMENT FOR COMPLETION  
OF PROFESSIONAL GROWTH ACTIVITY

Entry No.	_____
Points Allowed	_____
By	_____
Date	_____
Degree	_____
Effective Date	_____

PRINT

Certificated

Name in Full \_\_\_\_\_

Last Name

First & Middle Names

Employee Number

Address \_\_\_\_\_

Number

St., Blvd., Ave., Pl.

P.O. Box

City

State

Telephone

College to Which Assigned \_\_\_\_\_

Subject Area or Position

To Which Assigned \_\_\_\_\_

I hereby request that tuition reimbursement be granted for the following described professional growth activity, which was approved prior to enrollment. Verification of attendance for non-college activity, fee bills, and transcripts are attached.

COMPLETE APPROPRIATE ACTIVITY SECTION					
<input type="checkbox"/>  COLLEGE OR UNIVERSITY	NAME OF COLLEGE OR UNIVERSITY	DATES ATTENDED	QUARTER UNITS	SEMESTER UNITS	NON-CREDIT
<input type="checkbox"/>  WORKSHOPS, SEMINARS, INSTITUTES, OR OTHER ORGANIZED ACTIVITIES	Title:	INCLUSIVE DATES	TOTAL HOURS	FEE AMOUNT	
	Sponsor: Address:				
	Title:				
	Sponsor: Address:				

Mail to Los Angeles Community College District, Personnel Operations Branch, 770 Wilshire, Los Angeles, California 90017

I hereby certify that the approved courses, workshops, institutes or other organized activities has been approved as required.

Date: \_\_\_\_\_