

## REQUEST FOR CERTIFICATION/EDUCATIONAL REIMBURSEMENT

## Submit after each term/semester.

1. Complete form and attach copies of all receipts for exam fees/tuition and book payments, a copy of your unofficial transcript and the Pre-Approval form you submitted at the beginning of this term/semester to Human Resources Manager, Lauren Tapia.

Name:				Employe	Employee ID#:		
Address:				Phone:			
City:				State: Zip:			
Department:							
Job Title:				Director:	Director:		
Employment Status: Full Tin		Full Time	Part Time Date of Hire:		Date of Hire:		
REQU	JEST FOR REIMBURSE  Name of Course(s)/		Grade	Lict Poqui	ired Book(s)	Cost	
	Name of Course(s)/	Exam(s)	Grade	List Kequi	ired Book(s)	Cost	
1. 2.							
3.							
4.							
5.							
Cost of Tuition:							
	Total Cost:						
I certify the information state above is correct and I have not and will not request reimbursement for the amount specified above from any other source, such as, but not limited to, Veterans Administration.							
Signature of Applicant:					Date:		
Signature of Director:					Date:		
Signature of General Manager:					Date:		

Upon completion of Certification/Degree program, District employees will be subject to a 24 month service agreement. If a District employee voluntarily terminates employment before completing the service agreement, the employee must repay a pro-rata of the amount reimbursed for certification/degree. Reimbursement of educational costs by the District may be taxable, and employees are responsible for any resulting tax liability.