



Los Rios Community College District

REIMBURSEMENT OF TUITION

Name: _____ Employee ID: _____

Employee Unit: Confidential LRCEA LRSA Manager SEIU Work Location: _____

SECTION 1: REQUEST FOR PRIOR APPROVAL (for courses taken at a non-Los Rios college)

This request for prior approval of reimbursement of tuition is for the following class(es). (Give course title and number)

Class(es): _____

College or University: _____

Class(es) Begin: _____ Semester or Quarter _____ Year _____ Time of day / weekday(s) of class meeting(s) _____

How does this class relate to your current position? _____

Is class offered at the Los Rios colleges? Yes No Estimated expense(s) for class(es) listed above: _____

Previous reimbursement received for classes taken outside Los Rios: _____ Date Received: _____ Amount Received: _____

I understand that, if approved, I will be reimbursed only up to the amount and under the conditions provided in the current collective bargaining agreement/administrative policies and regulations for the employee unit to which I belong.

Date Employee Signature (not valid unless signed)

Approved Amount \$ _____ Disapproved Reason for disapproval: _____

Date VPA (College) / Department Manager (DO / FM) / College President / Associate Vice Chancellor, Human Resources

Approved Disapproved Reason for disapproval: _____

Date Human Resources Director

SECTION 2: REQUEST FOR REIMBURSEMENT (for all courses)

I have completed the following class(es) with a grade of "C" or better and have attached a receipt for the payment of the class(es) and/or required books and a grade report or transcript showing the grade(s) received for the class(es).

Course / Title: _____ #of Units: _____ Sem/Qtr Taken: _____ Tuition/Enrollment Fee: _____

Required Book (for above course): _____ Expense: _____

Course / Title: _____ #of Units: _____ Sem/Qtr Taken: _____ Tuition/Enrollment Fee: _____

Required Book (for above course): _____ Expense: _____

Refund for textbook buy back: _____ Total amount of reimbursement request* (less textbook buy back amount): _____

*For classes taken at Los Rios colleges, include the cost of the Universal Transit Pass and Student Representation Fee.

Total reimbursement for both books and tuition fees will be only up to the amount and under the conditions provided in the current collective bargaining agreement/administrative policies and regulations for the employee unit to which I belong.

Date Employee Signature (not valid unless signed)

Attachments:

*Tuition/ Enrollment Fees w/receipt:
Books (Los Rios Courses Only):

*Grade report/transcript:

Approved Disapproved Reason for disapproval: _____

Date VPA (College) / Department Manager (DO / FM) / College President / Associate Vice Chancellor, Human Resources

Approved Amount \$ _____ Disapproved Reason for disapproval: _____

Date Human Resources Director

TUITION REIMBURSEMENT FOR COURSES TAKEN AT AN ACCREDITED COLLEGE OR UNIVERSITY:

1. Employee completes Section 1; retains copy; forwards original to appropriate administrator.
2. Administrator completes Section 1; retains copy; forwards original to Human Resources Director.
3. Human Resources Director completes Sections 1; retains copy; sends original back to employee.
4. Employee retains copy of original until class(es) is (are) completed; employee completes Section 2; forwards original and all original receipts to appropriate administrator.
5. Administrator completes Section 2 and forwards to Human Resources Director.
6. Human Resources Director completes Section 2, and, if approved, forwards copy to Accounting for payment; if not approved, the form is returned to the employee.

TUITION REIMBURSEMENT FOR COURSES TAKEN AT A LOS RIOS COLLEGE:

1. Employee completes Section 2; retains copy; forwards original and all original receipts/grade report to appropriate administrator.
2. Administrator completes Section 2 and forwards to Human Resources Director.
3. Human Resources Director completes Section 2, and, if approved, forwards copy to Accounting for payment; if not approved, the form is returned to the employee.

Note: Review applicable criteria in the collective bargaining agreement/administrative policies and regulations for the appropriate employee unit to which you belong.

District Office Accounting Use Only
BUSINESS UNIT: GENFD
ACCCOUNT: 5890
FUND: 11
DEPT ID: DS.VH.PERS
PROGRAM: 67500
CLASS: 00000
BUDGET PERIOD: _____
PROJECT GRANT: 046S
AMOUNT: _____