

CASTAIC UNION SCHOOL DISTRICT Classified/Non-Classified Professional Growth Tuition Reimbursement Form

Please choose reimbursement type:

- Section 3.5- Professional Growth (tuition/textbooks)- the District shall reimburse up to nine (9) semester units per school year for tuition (community college tuition rate) and up to \$175 per course for a maximum of three (3) courses within a school year for college course work directly related to the employee's position and designated to improve the employee's job skills. *Submit this form to Human Resources.*
- Section 3.6- Staff Development- the District agrees to set aside \$5,000 per year for training, education, and in-service programs for bargaining unit members. *Submit this form to your Union President*

Prior approval for course must be obtained in order to receive reimbursement.

PART 1: EMPLOYEE INFORMATION/COURSE INFORMATION AND EXPENSES

Employee Name:				Claim Date:		
Position:		School/Department:		Phone Contact:		
Address:		City/State:		Zip Code:		
Course/Conference/Workshop Description and Expenses (attach course description)						
Original Receipts Required (Please Attach)	Class/Conference/Workshop Name(s) & Number(s)	College and/or Qualifying Institution	Begin Date	End Date	Tuition and/or Registration Cost	Books and/or Materials Cost
Mileage (Only for specific seminars, training, etc.- 53.5 per mile x number of miles)						
Total Claim:						

Please explain how the class(es)/conference(s)/workshop(s) is/are reasonably related to the position held by you or are reasonably related to positions within the District for which you could expect to become qualified.

****Must attach proof of successful completion.**

Employee Signature:	Date:
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PART 2: HUMAN RESOURCES, CSEA, and BUSINESS VERIFICATION (to be completed by DO only)

Previous Reimbursement:		Date:
Current Reimbursement:		Date:
Eligible: <input type="checkbox"/> Not Eligible: <input type="checkbox"/>	Budget Code: 01.0 00000.0 00000 73600 5890 0000000- Tuition/textbooks 01.0 00000.0 00000 73600 5220 0000000- Staff Development	
		Date:
CSEA Signature:		Date:
Business Signature:		Date:

