Note:	Classes may be taken <u>only during the semesters (fall and spring)</u> . Wellness may be taken all year as long as it is a class or monitored activity (per section 10.21 of the agreement between SEIU and the District).					
	A maximum of 3 <sup>1</sup> / <sub>2</sub> hours of release time may be given to take one course, including travel time or 3 hours per week for monitored wellness activity or fitness center utilization. Additional time will be made up during the same work week.*					
Name	College					
Emplo	yee ID No	C	lassification			
Course	e No.: Co	urse Name:		Location	1:	
Time:	Days	5:	_ Start Date:	End	Date:	
What v	will the course credit b	e applied to?				
	<sup>1</sup> Degree program – specify program <sup>1</sup> Certificate – specify program <sup>1</sup> Work-related – please describe how this course is related to your work assignment					
	Wellness – specify cl Wellness – if a colleg	ass				
*S	pecify make-up time to	be made during the s	ame work week	:		
**'	To be utilized only when any be repeated or spec	en employee has reacl	hed the limit on	the number o		
	nployee's Signature					
	r College Employees:					
10	r conege Employees.	Immediate Supervisor				
		President		Approved	_ Disapproved	
				A	D'	
		Vice Chancellor, Human	Resources	_ Approved	_ Disapproved	
$\diamond\diamond\diamond$	000000000000000000000000000000000000000	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	*****	000000000000000000000000000000000000000	000000000000000000000000000000000000000	
Fo	r District Employees	: Immediate Supervisor		Approved	_ Disapproved	
		miniculate Supervisor				
		Vice Chancellor, Human		Approved	_ Disapproved	

## Submit completed forms to the Office of the Vice Chancellor, Human Resources

If you've indicated course work that qualifies for reimbursement, you will be sent a copy of this form once it has been approved and signed by the Vice Chancellor, Human Resources.

Upon completion of your course work, sign and resubmit this form to the Supervisor of Accounting at the District Service Center for processing of reimbursement.

## **REQUIREMENTS FOR REIMBURSEMENT**

<sup>1</sup> Employees may qualify for reimbursement of enrollment fees for classes taken at VCCCD for courses in a degree and/or certificate program or professional development directly related to their position. Reimbursement will be provided upon certification that the class has been completed with a grade of "C" or better.

## **Request for Reimbursement**

I have completed the approved courses and have met the Requirements for Reimbursement. I am requesting reimbursement of my enrollment fees per Section 10.21 of the VCCCD/SEIU Agreement.

Sign and submit this form to the District Accounting Department for processing.

Employee's Signature

## FOR USE BY DISTRICT ACCOUNTING DEPARTMENT

Date:

Verification:

\_\_\_\_\_ Course successfully completed (*Grade of "C" or better*) \_\_\_\_\_ Fees paid

Supervisor of Accounting:

Signature

Amount reimbursed: _	
Check No.:	
Date paid:	

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