

**LOS ANGELES COMMUNITY COLLEGE DISTRICT
EAST LOS ANGELES COLLEGE**

**APPLICATION FOR APPROVAL OF TUITION REIMBURSEMENT
ARTICLE 23, LACCD & AFT AGREEMENT, PROFESSIONAL GROWTH COMMITTEE**

Note: 1) Complete one application per semester/intersession; 2) Submit no earlier than 30 days prior to start date and no later than end of second week of class.

Name Employee Number Department/Discipline Extension

Home Address City State Zip Code Cell/Home Phone

Status: ____ Full Time ____ Adjunct _____
Accredited Institution at Which Reimbursement Requested Institution Location

Reimbursement Requested for Following Course(s):

Course Name	Course #	Course Title	Units/Hours	Start Date	End Date	Tuition Fees Only

Total Tuition Expenses: _____

Current Teaching Assignment:

Course Name & Number	Units/Hours

Total Teaching Units/Hours: _____

Non-Teaching Assignment:

If assignment is other than teaching, describe how the proposed professional development program is related to your position.

This is to certify that I have not nor will not apply for tuition reimbursement at more than one LACCD campus or receive funds from the LACCD in excess of 100% of tuition expenditures.

Applicant's Signature Date

Conference/Tuition Committee Chair Date

Vice President, Academic Affairs Date

___ Approved ___ Denied Reason for Denial: _____