CORONA – NORCO UNIFIED SCHOOL DISTRICT Classified Professional Growth Tuition Reimbursement Form

*Per Section 7.11(a) of the CSEA Collective Bargaining Agreement, the District shall annually reimburse the costs of tuition, mandatory fees, and/or the costs of books for bargaining unit members who take courses at qualifying institutions where such courses are reasonably related to the position held by the unit member or are reasonably related to positions within the District for which the unit member could expect to become qualified. Unit members, upon written request shall be eligible for an amount of up to \$700 dollars a semester and up to \$1,400 dollars a year.

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						
		College and/or			Tuition and/or	Books and/or
Original Receipts Required (Please Attach)	Class/Conference/Worksho	p Qualifying	Begin	End	Registration	Materials
	Name(s) & Number(s)	Institution	Date	Date	Cost	Cost
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				Total Claim:		
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.						
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Emplo	yee Signature:		Date:			
PART 2: HUMAN RESOURCES, CSEA, and BUSINESS VERIFICATION (to be completed by DO only)						
Previous Reimbursement: Date:					, , ,	
Current Reimbursement:				Date:		
Eligible: ☐ Not Eligible: ☐ Budget Code: 01-5890-000-2700-0001-0						
HR Authorizing Signature: Date:						
CSEA Authorizing Signature:					Date:	
Pusings Authorizing Signatura					Data	
Business Authorizing Signature:					Date:	