# VOCATIONAL/TECHNICAL EDUCATION REIMBURSEMENT

Coast Community College District

**CLASSIFIED PROFESSIONAL DEVELOPMENT**

*NOTE: Application Must Be Submitted Prior to Starting Program*

Name _____ Date of Application _____
Last First MI

Employee ID _____ Business Phone No _____

Campus: Job Title and Dept _____
☐ DIST ☐ CCC ☐ GWC ☐ OCC ☐ DIS

Original Hire Date _____

**Reimbursement for classes will be for actual cost of tuition, books and mandatory fees, not to exceed the fiscal year maximum. All receipts must be submitted within 60 days of course completion for reimbursement.**

## Course of Study

**Education Plan on File: Yes ☐ No ☐**

*A COPY OF THE COURSE/PROGRAM DESCRIPTION MUST BE INCLUDED ALONG WITH THE SUPERVISOR'S JUSTIFICATION*

| Course Number | Course/Program Title or Description | Date Class to Begin | Date Class to End | College/School/ Organization | Units |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| *#487* | *Supporting Microsoft Windows 2003 Server* | *3/2/04* | *3/10/04* | *Irvine Valley College* | *n/a* |

## Justification

Anticipated Cost of Study $ _____

Are you receiving any other funding and/or release time? Yes ☐ No ☐

Use this space to explain your career goal/path and how this program could lead to upward mobility as a classified employee of the Coast Community College District (use extra sheets as necessary).

_____ _____
Applicant's Signature Date CPD Signature Date

☐ Approved ☐ Tabled ☐ Denied*

Not to Exceed $ _____ Date: _____

Contingent Upon Board Approval: _____ Reason: _____

Budget Year: _____ Budget Number(s) _____

***All denials subject to appeal**