

Tuition Reimbursement Form

- Attach itemized receipts only; no bank or credit card statements.
- Transcript(s) or "Declaration of Official Grade Report Submission" required within 30 days (60 days for AFT: Classified Professionals) following successful completion of the class(es).
- Payment requests will not be processed without receipt of official transcript(s).
- The payout periods for AFT Classified unit members are March 31st and September 30th every fiscal year.
- Reimbursement requests are due March 7th for the March payout and September 7th for the September payout.
- Requests submitted after the deadlines will be processed during the next payout period.

Email completed form and supporting documents to: classifieddei@sdccd.edu.

Last Name, First Name	Employee ID	Phone Number
Position Title	Department	Campus/Division
Email Address	<input type="checkbox"/> AFT \$3,500 max* <input type="checkbox"/> POA \$3,000 max* <input type="checkbox"/> ACE \$500 max* <input type="checkbox"/> MGMT \$300 max*	
	Bargaining Unit or Meet & Confer Group	*(max per fiscal year)

Class End Date	CRN	Subject	Course Number	Course Title	Units	Grade (HR Use Only)

Name of Accredited Institution: _____

Total Amount Requested: _____ Official/Sealed Transcript(s) Attached? ☐ Yes ☐ No

Employee Signature _____ Date _____

For Human Resources Use Only

Date Official Transcript Received: _____	Declaration (if needed): _____
Approved Reimbursement Amount: _____	Employee Status: _____
Approved by: _____	Date: _____