ORANGE UNIIFED SCHOOL DISTRICT
TUITION REIMBURSEMENT PROGRAM APPLICATION FOR CLASSIFIED EMPLOYEES
APPENDIX H

INSTRUCTIONS:
Prior to the first class meeting:

1. Complete Section 1 of the form. Type or print neatly.
2. Forward the application to Human Resources for recording program participation.
3. The Human Resources Director will approve or disapprove the application (Section 2), and return the application to the employee.

After completion of the course:

4. Within sixty (60) days of completion of the course, the employee submits his/her copy of the grade(s) received and appropriate receipts.
5. Human Resources verifies eligibility (Section 3), computes the amount of allowable reimbursement and forwards application form to reimburse the employee for the approved amount.

1. TO BE COMPLETED BY THE EMPLOYEE PRIOR TO THE FIRST CLASS MEETING:

Name:_____ (last) (first) (MI)		Classification/Job Title:
School Site/Location:		Date:
Course Title:	Course No.:	Units:
Course Title:	Course No.:	Units:
Name of School:		Tuition Cost:
Start Date:		Completion Date:
Please state how your completion of this course will benefit the district:		
This application is submitted in accordance with the provisions for tuition reimbursement contained in the OUSD Classified Employees Collective Bargaining Agreement and policies regarding participation of employees in a District-paid Tuition Reimbursement Program. My enrollment is voluntary. Time spent taking the course(s) will not be considered as time worked for the District.		
Employee Signature:	Date:	

2. TO BE COMPLETED BY HUMAN RESOURCES PRIOR TO FIRST CLASS MEETING:

Date:	_____Approved	_____Disapproved
If not approved by Human Resources Director, reason for disapproval:		
Director, Human Resources Signature:		

3. TO BE COMPLETED BY HUMAN RESOURCES AFTER SUBMISSION OF REQUIRED DOCUMENTATION (AFTER THE COURSE):

Tuition Reimbursement:	$
Less previous payment received in fiscal year, if applicable:	$
Amount claimed for current reimbursement:	$
TOTAL:	$

Verified by:_____ Date:_____ Initials:_____

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Human Resources Only:
Hire Date:_____
Budget #:_____