

San Juan Unified School District - SJAA

Professional Growth Reimbursement Request



One reimbursement in the maximum amount of \$400.00 will be paid quarterly using a lottery system. Please submit your request during the current fiscal year for the following selection time frames:

July-September

October-December

January-March

April-June

PLEASE PRINT

Name: _____

Job Title: _____

Home Address: _____

Work Location: _____

City: _____, CA _____

Home Phone: _____ Work Phone: _____

The following expenditure is requested for (check one):

☐ Improvement/development/enhancement of skills in the current job. Please explain how this relates to your current job:

☐ Developing skills for promotion into another job classification. Identify the promotional job classification:

☐ Training for movement into another career field. Identify the new career field:

Itemized list of expenditures (attach brochures, conference information, description of course, programs, etc. for backup).

ORIGINAL Receipts for Expenditures must also be attached if you are requesting reimbursement. The accounts payable department **CANNOT** accept photo copies. Requests without original receipts **will be returned** to the employee.

Registration _____

Transportation _____

Tuition _____

Food _____

Book _____

Lodging _____

Professional _____

Mileage _____

Organization _____

Air Travel _____

Total Amount of Request: \$ _____

Employee's Signature _____

Date _____

Return Completed Form to: SJAA

***** This section to be completed by SJAA *****

Expenditure:

☐ Approved in the amount of: \$ _____

Meeting Date: _____

☐ Not approved: _____

If this request is approved, you should receive payment within 45 days of the approval date.

For SJAA Treasurer Use Only

Date Paid: _____ Amount: \$ _____ Balance: \$ _____