

San Diego Community College District
3375 Camino del Rio South
San Diego, CA 92108-3883

(Application for Sabbatical Leave)

TUITION REIMBURSEMENT APPROVAL FORM

SUBJECT TO AVAILABLE FUNDING, A MAXIMUM OF \$2,000 MAY BE REIMBURSED IN ANY ACADEMIC YEAR.

SUBMIT PRIOR TO/OR WITH APPROVED SABBATICAL APPLICATION FORM

If not submitted with sabbatical leave application, please attach an approved copy of your sabbatical proposal and signature page.

Name of Applicant _____ SSN # _____

Date _____

College/Area of Assignment _____ Office/Work Location Room# _____

Phone# _____

Home Address _____
Number _____ City _____ Zip _____

I request approval for reimbursement of tuition, which will be paid for, upon my successful completion of the following course(s) at:

Name of Accredited Institution Location of Campus Where Classes Meet

Subject	No.	Title	Units	Start Date	End Date	Amount of Tuition

Total Reimbursement _____

This is to certify that I have not or will not receive tuition funds from the SDCCD in excess of 100% of the cost of this activity.

Applicant's Signature _____ **Date** _____

FOR OFFICE USE ONLY

FISCAL YEAR _____ ENCUMBRANCE
Date _____ LOC. _____ ACTIVITY _____
Action _____ FUND/PROG _____ AMOUNT \$ _____
Disapproved _____ OBJECT _____ DATE _____
Approved _____ INITIAL _____

Upon completion of coursework, return this signed form with transcripts of credit and original receipts to: Instructional Services, Room 315, District Offices, Phone 619-388-6965 for processing.

(Tuition Reimbursement Approval Form)

Recommendations and Signatures:

Name of Applicant: _____

Campus Site _____

Department Chair:

Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

Dean/Manager:

Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

College Professional Development Committee Chair:

Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

Vice-President:

Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

President:

Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

***Must include written statement to specify/document conditions or reasons for a conditional recommendation or not recommended.**