



Internal Use Only	
Voucher #	_____
PO/BPO #	_____
Entered By	_____
GL #	_____
Vendor #	_____
Manager Approval	_____

Application # _____

Professional Development Educational Reimbursement Programs

The information contained herein will be considered confidential and is, together with attachments, the property of the District. **A separate application is required for each funding source.**

Date of Application	I am a: <input type="radio"/> Classified <input type="radio"/> Confidential <input type="radio"/> Manager/ Supervisor I work: <input type="radio"/> Full Time <input type="radio"/> Part Time _____	I am located at: <input type="radio"/> DVC <input type="radio"/> SRC <input type="radio"/> LMC <input type="radio"/> Brentwood Center <input type="radio"/> CCC <input type="radio"/> District Office <input type="radio"/> Other: _____	I am applying for (check one per application): <input type="radio"/> CEEP (Classified Employee Enhancement Program-Local 1) <input type="radio"/> EIP (Educational Incentive Program-Local 1) <i>(Tuition Reimbursement only)</i> <input type="radio"/> ETRP (Executive Tuition Reimbursement Program) <input type="radio"/> CERP (Confidential Employee Reimbursement Program) <input type="radio"/> 4CD Tuition Reimbursement <i>(Tuition Reimbursement only)</i> <input type="radio"/> Other _____
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Applicant Information

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.	Last Name	First Name	Middle	Employee ID#
Department		Job Title		4CD Hire Date
Home Address, Apt #, City, State, Zip (Optional)				
Home Phone (Optional)		Work Phone		E-Mail Address

Educational Program Information

Attach ALL program information (i.e. course description, agenda, curriculum, etc.)

Program Title	Education Degree/Goal		
How is the program presented? <input type="checkbox"/> Conference <input type="checkbox"/> Class Series <input type="checkbox"/> Workshop <input type="checkbox"/> Other (please explain): _____	Start Date	End Date	Length of Program
My participation in this program will benefit students, the college and/or enhance my professional growth in the following ways: _____ _____ _____			
Name and Address of Institution or Entity*			

Check Payment/Reimbursement Information

Amount Requested	Check Payable To:	Address		
	City	State	Zip	Phone Number

Breakdown of Expenses

Itemize and explain your expenses (books, registration, mileage, lodging, transportation, meals). **Attach expense claim form with original receipt.**

<p style="text-align: center;">Available to All Programs Amount</p> <p>Registration/Tuition _____</p>	<p style="text-align: center;">Available to CEEP, ETRP, CERP Only</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"> <p style="text-align: center;">Amount</p> <p>Books _____</p> <p>Supplies _____</p> <p>Lodging _____</p> <p>_____</p> </td> <td style="width: 50%; padding: 2px;"> <p style="text-align: center;">Amount</p> <p>Meals _____</p> <p>Travel _____</p> <p>Other _____</p> <p>_____</p> </td> </tr> </table>	<p style="text-align: center;">Amount</p> <p>Books _____</p> <p>Supplies _____</p> <p>Lodging _____</p> <p>_____</p>	<p style="text-align: center;">Amount</p> <p>Meals _____</p> <p>Travel _____</p> <p>Other _____</p> <p>_____</p>	<p style="text-align: center;">Program Expense TOTAL</p>
<p style="text-align: center;">Amount</p> <p>Books _____</p> <p>Supplies _____</p> <p>Lodging _____</p> <p>_____</p>	<p style="text-align: center;">Amount</p> <p>Meals _____</p> <p>Travel _____</p> <p>Other _____</p> <p>_____</p>			

Disclosure Statement

Yes No I have applied or will request this fiscal year for funds from one of the following sources to help defray the expenses for this activity. List the amounts already received or have requested below:

Initial: _____ \$ _____ CEEP (Classified Employee Enhancement Program) (Local 1) - \$1,200 Max per Fiscal Year

_____ \$ _____ EIP (Educational Incentive Program) (Local 1) - Tuition only, \$700 Max per Quarter/Semester

_____ \$ _____ ETRP (Executive Tuition Reimbursement Program) - \$1,000 Max per Fiscal Year

_____ \$ _____ CERP (Confidential Employee Reimbursement Program) - \$1,500 Max per Fiscal Year

_____ \$ _____ 4CD Tuition Reimbursement - Tuition only, No Max Disbursement

_____ \$ _____ Other: _____

Yes No I agree that in the event the course is not completed, the committee may require a full or partial refund of the monies granted under this program. For proof of completion, please submit verification of completion (i.e. transcript, certificate of completion, proof of attendance, etc.)

Initial: _____

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand and agree misstatements/omissions of material facts may cause forfeiture of my rights to future funding upon evaluation of the educational funding committee in the Contra Costa Community College District.

Applicant Signature

Date

Before submitting your application, did you remember to...

- Yes No Sign your application
- Yes No Attach a brochure or flyer describing the conference/workshop including the location, dates and cost. If enrolling in a class, please attach a course schedule.
- Yes No Attach a completed expense claim detailing your expenses
- Yes No Attach original receipts
- Yes No Attach certificate of completion or proof of attendance for workshops and conferences
- Yes No Attach completed "Leave Request Form" if required
- Yes No For Local 1 Educational Incentive Program: Attach Verification of Enrollment Form
- Yes No For 4CD Tuition Reimbursement: Attach final grade for class (grades will be verified)
- Yes No Ensure that training does NOT include travel to any states banned by Board Resolution 18D, October 13, 2021.*
- Yes No Make a copy for yourself

DO NOT WRITE BELOW THIS LINE

Application is: _____ Date Received _____ Date Notified _____

Approved Amount Approved: _____

Denied Denial Reason: _____

Committee Chair Signature _____ Date _____ Committee Member Signature _____ Date _____

College Administrator or Designee Signature _____ Date _____ Local 1 President Signature (if required) _____ Date _____

District HR Representative Signature _____ Date _____