



TUITION REIMBURSEMENT REQUEST FORM

For employees represented by Teamsters, Local 856, Supervising Nurses ONLY

Instructions:

1. All employees must complete this form to seek pre-approval prior to attending any classes/trainings/conferences/etc.
2. Please complete this form and obtain your supervisor's signature. Then log into your account in the CCSF online tuition reimbursement system (<https://sfdhr.org/online-tuition-reimbursement-process>) to verify that you have sufficient funds in your tuition account balance to cover the requested amount. You will be reimbursed for the full amount of your **approved** request if there are sufficient funds remaining in both your individual account **and** the Teamsters, Local 856, Supervising Nurses annual allotment.
3. Scan and upload this completed form and any program/conference/expense descriptions. Complete your pre-approval request pursuant to the online submission instructions.
4. After you submit your completed pre-approval request, you will be notified via email regarding your pre-approval status. If you are pre-approved, please proceed to complete the class/training/conference/etc. Upon completion of your course, please log into the SF Employee Portal and submit an expense report for final payment. All expense reports must be accompanied by evidence of successful completion, expense invoices/receipts (including any travel and/or lodging related expenses, if applicable), and any program/conference descriptions.

Please refer to the Teamsters, Local 856, Supervising Nurses MOU for maximum reimbursement limits, restrictions, or other provisions that may apply.

I. EMPLOYEE INFORMATION

PRINT Name (Last, First)		DSW No.	Date of Request
Department	Dept. Division and Address		Work Phone
Job Class No. and Title		Date of PCS Appt. (Mo/Year)	

(NOTE: Department mandated classes/trainings shall be paid by the department.
Also, employees must indicate average number of hours they work per week if less than 40.)

II. WORKSHOP/COURSE INFORMATION:

Description of course, training program, conference, advanced degree related to employment, license, other professional items (i.e. professional software, books and/or subscriptions), or required travel costs. If applicable, please also provide the BRN Provider No.

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Amount to be Reimbursed (receipts must be attached)	Dates(s) of course/seminar (if applicable)	Duration of membership, license, program (if applicable)	

III. SIGNATURES

Employee's Signature	Date	Supervisor's Signature	Work Phone	Date
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