



## TUITION REIMBURSEMENT REQUEST FORM

### 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** your respective employee organization's 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 respective employee organization's labor agreement 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 (NOTE: Department mandated classes/trainings shall be paid by the department.)			_____ Date of PCS Appt. (Mo/Year)

### II. EMPLOYEE ORGANIZATION & BARGAINING UNIT: (Please select one from the dropdown)

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### III. WORKSHOP/COURSE INFORMATION

_____ Workshop/Course Title (Attach registration forms & brochures)	_____ Start and Completion Date(s)
_____ Vendor Name and Address	\$ _____ Amount to be Reimbursed

### IV. SIGNATURES

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