Management 529 Educational Savings Plan Reimbursement Claim Form

Per the Meet and Confer Agreement between the District and Management Employees approved by the Board of Trustees on September 9, 2015, Management employees may use $4,000 annually to pay for tuition reimbursement, licensures, and/or other certifications. The Management Professional Development Committee (MPDC) will be responsible for processing and approving this professional development. Per Meet and Confer Agreement approved October 12, 2016, Management employees may transfer up to $500 of their $4,000 annual tuition reimbursement funds to a 529 Educational Savings Account annually.

Manager Information:

Name	Banner ID	Title

Instructions (these are important, please read):

Attach a copy of your 529 Educational Savings Plan account statement to this form. **Please blackout or otherwise redact any personal information on the statement such as account numbers and balances.** The sole purpose of providing the account statement is to provide evidence that you own a 529 account. Once this form is processed, the District will reimburse you by adding up to $500 to the gross pay of your next pay check (before taxes). The District will not transfer the funds directly into your 529 account. It is your responsibility to transfer that amount into your 529 account. **This form must be received by June 30th of the fiscal year in which the claim is made.**

Amount you will transfer to your 529 Educational Savings Plan account: $_____

I testify that I will ensure the funds paid to me for this purpose have been, or will be, transferred into the account attached to this form.

Submit form to Professional and Organizational Development, Building 6, Room 140 for review.

Signature	Date

Office Use Only:

Fiscal Year: _____   Amount to be Reimbursed for this Claim: $_____

MPDC Committee Action: Approve Claim ☐   Deny Claim ☐   **Reason(s) for Denial:**

_____

_____

MPDC Representative (print)	Signature	Date
POD Director (print)	Signature	Date
President (print)	Signature	Date

☐ **Submit original form to Human Resources for record-keeping purposes.**
☐ **Human Resources to submit copy to Payroll for employee payment purposes.**