

Management Professional Development Reimbursement Claim Form

Title

Per 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.

Manager Information:

Name

Banner ID

School, Institution, Training or Licensure Information:

Name of School or Organization

Address	City	Sta	te	Zip Code
Course, License or Certificate Name/Number		Begin Date	End Date	Fee Amount
Total Amount Requested for Reimbursement \$				

Important: You must meet the following criteria

- (1) Evidence of successful completion from an <u>accredited</u> program (transcript, grade report, certificate, license, etc.) must be submitted with this form
- (2) All receipts showing the amount and date of the payments.

Statement of Justification: In the box below, please clearly explain how this will aid you in your employment or career development. If you need additional space, attach a separate page to this form.

I certify that I have been granted the license, certification, or have successfully completed or made satisfactory progress for the courses, licenses or certificates listed above. I understand that the submission of this form does not quarantee full or partial reimbursement for the fees listed above.

Signature

Date

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

This form <u>must be received</u> in the Professional and Organizational Development Department <u>by July 15 after</u> the fiscal year in which the course was completed.

Office Use Only – MPDC/POD

Manager Information

Name	Banner ID	Title
The Management Professional	Development Comr	nittee (MPDC) recommends the following
action to be taken with the atta	ched claim signed o	on:
Approve	e Claim	Deny Claim
Reason(s) for Denial:		
Does not meet established	criteria	
Not from a recognized acc	redited institution	
Additional Explanation:		
MPDC Representative (print)	Signature	Date
POD Manager (print)	Signature	Date
President (print)	Signature	Date
MADC Has Only Fiscal Varia	A	to be Deimburged this Claim C
whole use unity: Fiscal year	Amount	to be Reimbursed this Claim \$

□ Submit <u>original</u> form (both pages) to Human Resources for record-keeping purposes.

□ Human Resources submit <u>copies</u> of form (both pages) to Payroll to be paid on next regular payroll cycle.