



Contra Costa Community College District

Contra Costa College • Diablo Valley College
Los Medanos College • San Ramon Valley Center
Brentwood Center • District Office • Regional Training

Internal Use Only

Voucher # _____
PO/BPO # _____
Entered By _____
GL # _____
Vendor # _____
Mgr. Approval _____

Application # _____

Staff 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:	I am located at:	I am applying for:
	<input type="checkbox"/> Classified <input type="checkbox"/> Confidential <input type="checkbox"/> Manager/Supervisor I work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> DVC <input type="checkbox"/> LMC <input type="checkbox"/> CCC <input type="checkbox"/> District Office <input type="checkbox"/> Regional Training Institute <input type="checkbox"/> Other _____	<input type="checkbox"/> SRVC <input type="checkbox"/> Brentwood Center <input type="checkbox"/> Classified Employee Enhancement Program (Local 1) <input type="checkbox"/> Educational Incentive Program (Local 1) <input type="checkbox"/> Confidential Employee Enhancement Program <input type="checkbox"/> CCCCD/RTI Tuition Reimbursement <input type="checkbox"/> Other _____

Personal Information

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Last Name	First Name	Middle	Datatel ID#
Department	Job Title		CCCCD Hire Date	
Home Address (Optional)	Apt #	City	State	Zip
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"/> Workshop <input type="checkbox"/> Class <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.**

Amount	Expense Description	Additional Comments
_____	Registration/Tuition	
_____	Books	
_____	Supplies	
_____	Lodging	
_____	Meals	
_____	Travel	
_____	Other	
_____	Program Expense TOTAL	

Disclosure Statement

<input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____	I have applied this fiscal year for funds from one of the following sources to help defray the expenses for this activity. List the amounts received below: \$ _____ <input type="checkbox"/> Classified Employee Enhancement Program (Local 1) \$ _____ <input type="checkbox"/> Educational Incentive Program (Local 1) \$ _____ <input type="checkbox"/> Confidential Employee Enhancement Program \$ _____ <input type="checkbox"/> CCCC/RTI Tuition Reimbursement \$ _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____	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.)

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...

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sign your application
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attach a completed expense claim detailing your expenses
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attach original receipts
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attach certificate of completion or proof of attendance for workshops and conferences
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attach completed "Leave Request Form" if required
<input type="checkbox"/> Yes	<input type="checkbox"/> No	For Local 1 Educational Incentive Program: Attach Verification of Enrollment Form
<input type="checkbox"/> Yes	<input type="checkbox"/> No	For CCCC Tuition Reimbursement: Attach final grade for class (grades will be verified)
<input type="checkbox"/> Yes	<input type="checkbox"/> 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