

## LICENSURE/CERTIFICATION FEE REIMBURSEMENT PROGRAM

College faculty may be reimbursed for the actual cost of fees charged which directly relate to the issuance or re-issuance of a license or certificate required by the District, after initial employment, for the unit member to qualify for or retain his/her teaching or non-teaching assignment (not included: professional organization dues, continuing education fees, mileage, lodging, meals, etc.). Receipts and/or other official documentation must be submitted in order to process the reimbursement.

Such requests for reimbursement shall be subject to approval of the unit member's department chair and dean. The dean shall then forward the request to the college professional development committee (PDC) for final approval. The PDC shall forward all approved requests to the AFT. All requests must be received in the AFT office no later than April 30<sup>th</sup> of each year. Reimbursement checks will only be issued once per year, subsequent to the final processing of all requests for that year. AFT will ensure the reimbursement is processed via Business Services from AFT's pooled account. Reimbursement requests received by the AFT after April 30<sup>th</sup> will be included in the following year's reimbursement pool.

If the amount of requested reimbursements exceeds the amount of available resources, reimbursements will be distributed on a pro-rata basis.

Any activities reimbursed by these funds may not also be used for salary advancement purposes or any other type of District reimbursement.

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Print Name: \_\_\_\_\_ Total Expenditure(s):\$\_\_\_\_\_

Submission Date: \_\_\_\_\_ Date of Expenditure(s): \_\_\_\_\_

E-mail: \_\_\_\_\_ ID#: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ College/Center Site: \_\_\_\_\_

U.S. Mailing Address: \_\_\_\_\_

Please succinctly describe how your expense is **required** to retain your current assignment:

Signature of Faculty Member: \_\_\_\_\_

Approval of Department Chair: \_\_\_\_\_

Signature

\_\_\_\_\_

Date

Approval of School Dean: \_\_\_\_\_

Signature

\_\_\_\_\_

Date

Approval of PDC: \_\_\_\_\_

PDC Chair Signature

\_\_\_\_\_

Date