

LICENSURE / CERTIFICATION FEE REIMBURSEMENT PROGRAM

Date: _____ Campus (Mesa) Mailbox: _____

Name: _____ Employee ID#: _____

Mailing Address: _____
Street City State ZipCode

Phone #: (____) _____ Email: _____

College/Center Site: _____ Adjunct: _____ Full-time Faculty: _____

Department or Program
Faculty Service Areas: 1. _____ 2. _____ 3. _____

Name of Certificate / License: _____

Issuing Agency or Institution: _____

Date of Expenditure(s): _____

Total Expenditure(s): _____

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. If the amount of requested reimbursements exceeds the amount of available resources, reimbursements may 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.

Attached in 8 ½ x 11 inch format are:

Official documentation showing that employee is required to have this license to keep his/her job with the San Diego Community College District (SDCCD) or if it is mandated by the State of California.

A copy of the application filled out by employee to get the license.

A copy of the receipt for payment of the license (e.g. cancelled check, credit card statement, or equivalent).

A copy of the actual license received by employee (if provided by the issuer).

Signature of Faculty Member: _____ Date: _____

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APPROVALS

Signatures below affirm that this license or certificate is mandatory for the faculty member to continue on their current assignment.

Dept. Chair: _____ Date: _____

Dean: _____ Date: _____

PAC Chair: _____ Date: _____

AFT: _____ Date: _____