



HUMAN RESOURCES DEPARTMENT
CLASSIFIED ENROLLMENT FEE REIMBURSEMENT FORM

Name: _____ A# _____

Course Requested: _____ Semester: _____

Enrollment Fees Paid: \$ _____

I hereby certify that I have not received funding for enrollment fees from any other source. I certify that I have reviewed and understand section 17.11.2 of the CSEA CBA and that eligibility for reimbursement is contingent upon compliance with 17.11.2.

Employee Signature

Date

Approved

Denied

Supervising Administrator

Date

Approved

Denied

Supervising Administrator

Date

Approved

Denied

Superintendent/President

Date