

EL CAMINO COMMUNITY COLLEGE DISTRICT EDUCATIONAL REIMBURSEMENT FORM

This form is to be used to request reimbursement for the successful completion of courses taken at El Camino College by regular permanent employees, their spouses, and/or their legal dependent children. ***Fees are reimbursed for successfully completed courses upon completion of semester. Employees only are eligible for book reimbursement (for required books purchased with 10% employee discount at El Camino College Bookstore).***

EMPLOYEE NAME _____ Phone Ext. _____

CLASSIFICATION: Classified Confidential Faculty POA

STUDENT'S NAME _____ Self Spouse Dependent

SEMESTER ENROLLED: Fall Spring Summer Winter

EMPLOYEE ELIGIBILITY CHECK-LIST

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are you a non-probationary employee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you applying for yourself, your spouse, or a legal dependent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you on approved medical or disability leave? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- (If YES, you must submit formal written request through the Exceptions Committee)

REIMBURSEMENT REQUESTED:

- Enrollment Fee \$ _____
 - Health Fee \$ _____
 - Student Body Fee \$ _____
 - Books (Total from other side) \$ _____
- TOTAL REQUESTED \$ _____

Signature: _____ Date _____

IN ORDER TO BE REIMBURSED, you MUST submit this form **within sixty (60) work days after the availability of semester grades, with the following attachments:**

1. ENROLLMENT AND PAYMENT PRINTOUT
2. A COPY OF GRADE REPORT
3. ORIGINAL BOOK RECEIPTS (for required books)

RETURN COMPLETED FORM WITH ATTACHMENTS TO HUMAN RESOURCES OFFICE

FOR ACCOUNTING USE ONLY

CLASSIFICATION	ACCOUNT NUMBER	REFUND AMOUNT
<input type="checkbox"/> CLASSIFIED	11-55250-00-67500-8500	\$ _____
<input type="checkbox"/> ECCPOA	11-55251-00-67500-8500	\$ _____
<input type="checkbox"/> CONFIDENTIAL	11-55252-00-67500-8500	\$ _____
<input type="checkbox"/> FACULTY	11-55254-00-67500-8500	\$ _____

Approved by Director/Human Resources _____

BOOK REIMBURSEMENT

Course _____	Section # _____
Title of Book _____	
Author (Last Name) _____	Cost \$ _____
Course _____	Section # _____
Title of Book _____	
Author (Last Name) _____	Cost \$ _____
Course _____	Section # _____
Title of Book _____	
Author (Last Name) _____	Cost \$ _____
Course _____	Section # _____
Title of Book _____	
Author (Last Name) _____	Cost \$ _____
<i>(Please attach original receipts)</i>	
Sub-Total Amount for Books	\$ _____
Less 10% Bookstore Discount	\$ _____
Sales Tax	\$ _____
TOTAL DUE FOR BOOKS	\$ _____

Approved by: _____
Director of Human Resources