

**Educational Development Program**  
**Request for Tuition Reimbursement**

Prior Approval Form — Check One

Classified  FOP  Union 399

Board policy has established a maximum amount of reimbursement per fiscal year. Each fiscal year begins July 1 and ends June 30 and is dependent upon course completion date.

Eligible After 6 Months Probation

This form must be completed and signed by the appropriate supervisor and department authorized budget signatory before enrolling in the class, workshop or other activity.

JOHN VALENZA  
 EMPLOYEE NAME SOCIAL SECURITY # \_\_\_\_\_

WDCB  
 DEPARTMENT EMPLOYEE VENDOR NO. \_\_\_\_\_  
(See back)

4200  
 PHONE EXT. DATE OF REQUEST 12-7-09

Please attach copy of completed registration form (circle amount requesting).

College/University/Seminar Sponsor

DATE CLASS BEGINS / DATE CLASS ENDS

Wheaton Sports Center

7-1-09 TO 6-30-10

Is course job related?  Yes  No

Describe how course is job related. \_\_\_\_\_

ADDRESS (if Requesting an ADVANCE PAYMENT)

Is this a wellness course?  Yes  No  
 (Max. amt. for FY \$250.00)

Name of Course/s

Is course part of a degree program?  Yes  No

Is course part of a Professional Development Plan?  
 Yes  No

Is request for Personal Development Activity?  
 Yes  No

Are You Requesting: (check one)

Enter Amount:

Needed to Complete Process:

Reimbursement \$ \_\_\_\_\_

Proof of completion and proof of payment

Advance payment (>\$50) \$ \_\_\_\_\_

Proof of completion

C.O.D. non-credit classes including wellness classes \$ \_\_\_\_\_

Proof of completion

Health Club \$ 350<sup>00</sup>

Proof of payment

When requesting an advance, allow a 2 week notice. Send a registration form or invoice along with this form.

If I receive an advance, I understand I must produce evidence of satisfactory completion of the course or seminar within 60 days. Failure to do this will result in the cost of the course or seminar being deducted from my paycheck.

Initial here \_\_\_\_\_

**REQUIRED**  Approved

[Signature] 12/08/09  
 SUPERVISOR'S SIGNATURE DATE

[Signature] 12/08/09  
 DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE DATE

WELLNESS COORDINATOR FOR HEALTH CLUB  
 MAGY REHAYEM 12/8/09  
 DATE

**HUMAN RESOURCES OFFICE USE ONLY**

Amount of Payment: \$ 350.00  
 ACCOUNT #7-5000-2650

[Signature] 12-11-09  
 COMPENSATION SPECIALIST DATE

**College of DuPage**  
**Human Resources**

RECEIVED  
 MAY 13 2011  
 HUMAN RESOURCES

**Educational Development Program**  
**Request for Tuition Reimbursement**

**Prior Approval Form – Check One**

Classified  FOP  Union 399

John Valenta  
 EMPLOYEE NAME

Board policy has established a maximum amount of reimbursement per fiscal year. Each fiscal year begins July 1 and ends June 30 and is dependent upon course completion date.

WDCB  
 COLLEAGUE ID # DEPARTMENT

Eligible after six months' probation.

4200 5-9-11  
 PHONE EXT. DATE OF REQUEST

This form must be completed and signed by the appropriate supervisor and department authorized budget signatory before enrolling in the class, workshop or other activity.

**Please attach copy of completed registration form (circle amount requesting).**

College/University/Seminar Sponsor

Date class begins/Date class ends

\_\_\_\_\_

Is course job related?  Yes  No

Address (if requesting an ADVANCE PAYMENT)

Describe how course is job related: \_\_\_\_\_

Name of Course/s

Is this a wellness course?  Yes  No  
 (Maximum amount for FY \$350.00)

Is course part of a degree program?  Yes  No

Is course part of a Professional Development Plan?  Yes  No

Is request for Personal Development Activity?  Yes  No

Are You Requesting: (check one)

Enter Amount:

Needed to Complete Process:

Reimbursement

\$ \_\_\_\_\_

Proof of completion and proof of payment

Advance payment (>\$50)

\$ \_\_\_\_\_

Proof of completion

\*COD non-credit classes including wellness classes

\$ \_\_\_\_\_

Proof of completion and proof of payment

\*Health club

\$ 350.00

Proof of payment

\*No Advance Payments

When requesting an advance, send a registration form or invoice along with this form. If I receive an advance, I understand I must produce evidence of satisfactory completion of the course or seminar within 60 days. Failure to do this will result in the cost of the course or seminar being deducted from my paycheck.

<b>REQUIRED</b> <input checked="" type="checkbox"/> Approved	
SUPERVISOR'S SIGNATURE <u>[Signature]</u>	DATE <u>05/10/11</u>
DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE <u>[Signature]</u>	DATE <u>05/10/11</u>
HEALTH CLUB APPROVAL SUSAN BENTON, BENEFITS MANAGER	DATE <u>7/14/11</u>

<b>HUMAN RESOURCES OFFICE USE ONLY</b>	
Amount of Payment: \$ <u>388.00</u>	
Account # <u>05-90-00841-52990-17</u> FY <u>11</u>	
COMPENSATION SPECIALIST _____	DATE <u>7/13/11</u>

MAIL COMPLETED FORM WITH PROOF OF COMPLETION AND PROOF OF PAYMENT (if applicable) TO HUMAN RESOURCES

4 months @ \$72/month