



LONG BEACH CITY COLLEGE  
CLASSIFIED STAFF DEVELOPMENT

**Request for Classified Reimbursement for  
Professional Growth Staff Development Course**

Per Article 25, Section 25.5 - The District will encourage professional growth staff development educational activities. Courses must be part of a "Career Development Plan" that is developed by an employee in consultation with a LBCC or another community college counselor or academic advisor at a four-year college or university. **The plan must be submitted at least one month prior to class registration for approval by the immediate supervisor.**

**PART 1**

--	--	--

**Name** **Employee ID #** **Date**

--	--	--

**Position** **Department** **Extension**

Course Name(s) & Number(s)	College	Beg. & End Dates	Fees

\*Include **mandatory** enrollment or tuition fees only. Per Article 25, Section 25.5.4 An individual may request \$400 in one year or a total of \$1,000 over a three (3) year period.

I am requesting reimbursement for classes listed above in accordance with Article 25 of the AFT Contract.

--	--	--

**Print Name** **Signature of Employee** **Date**

--	--	--

**Print Name** **Signature of Immediate Supervisor** **Date**

\*\*\*\*\*

**PART 2**

<b>\$</b>	Has been set aside for your course(s) as of _____.	
_____ <b>Associate Vice President, Human Resources</b>		_____ <b>Date</b>

Submit the following within one month after grades have been distributed at the college you attended:

1. Signed Request for Classified Reimbursement for Professional Growth Form
2. Your grade report or transcript showing course completion
3. The receipt (with signature) for the mandatory enrollment or tuition fees that you paid
4. A Revolving Cash Voucher for the amount of reimbursement

I have completed the course(s) listed above and incurred the submitted costs. I am now requesting reimbursement.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date