

AEOE

Association of Educational Office Employees

Serving Los Angeles Unified School District Classified Personnel Since 1928

P.O. Box 227186, Los Angeles, CA 90022

Phone 323.725.7266 Fax 323.725.6266



Request for Tuition Reimbursement Informational Sheet **\$500 Maximum per Fiscal Year - July 1 through June 30**

The Association of Educational Office Employees (AEOE) may be grant tuition to permanent, classified employees who are members of AEOE under the conditions listed below:

1. Minimum of two years of membership in AEOE.
2. Approval shall be at the sole discretion of AEOE.
3. The course(s) or program must be directly related to the employee's service to the District and must be for the purpose of increasing the employee's knowledge, understanding and skills as related to the employee's employment by the District.
4. The course(s) or program shall not be taken during the employee's assigned duty hours.
5. The course(s) or program shall be completed within the period for which it was approved, or the employee must submit a new request.
6. Tuition reimbursement shall be limited to the \$500 maximum allowed per fiscal year.
7. To obtain prior approval, please complete and submit our form and mail to address noted. Provided that the originals are then mailed to the above address, requests may be faxed to 323.725.6266.

Within 30 days after completion of the approved course(s) or program, please submit official receipts of payment and satisfactory evidence of successful completion of the approved course(s) or program to the below address:

Association of Educational Office Employees (AEOE)
P.O. Box 227186
Los Angeles, CA 90022

AEOE will process your check within 30 days and mail to your home address.

For specific questions, please call 323.725.7266.

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Request for Tuition Reimbursement Form

\$500 Maximum per Fiscal Year - July 1 through June 30

Name:

Employee No:

Contact Email:

Class Code:

Home Address:

Personal Telephone:

School/Office:

Work Telephone:

Work Address:

Amount of Tuition Reimbursement Request: \$

Type of Professional Development Course(s) or Program:

School

Seminar

Conference

Workshop

If other, please describe:

Name of College/University/Agency and Address:

Title of each course/training (per semester or quarter):

Beginning & Ending Date of Course(s) or Program:

A description of the coursework/training content/syllabus must be attached to this request.

Your signature indicates your approval that the above course(s) or program directly relates to this employee's service to the Los Angeles Unified School District and will be for the purpose of increasing the employee's knowledge, understanding, and skills as related to the employee's current employment by the District.

Supervisor's Signature _____

Date _____

Employee Signature _____

Date _____

FOR OFFICE USE ONLY

Course/Training Meets Criteria ____ Yes ____ No

Office Approval: _____

____ Receipts Received

____ Payment Made: _____ Check No. _____

Date Paid: _____