

CHAMPAIGN COUNTY HEAD START PROGRAM REQUEST FOR REIMBURSEMENT

I, _____, am requesting Champaign County Head Start pay:

tuition and course fees for the course(s) listed below

Fee for CDA certification (Please indicate to whom the check should be made payable, the amount and where the payment should be sent.)

This request is in accordance with the Education Training Reimbursement Guidelines for Certification and Degreed Programs section of the Contract or Personnel Rules. I have read the Personnel Policies and bargaining unit contract and will conform to all guidelines.

Employee Signature and Date

If working towards a degree or CDA please indicate the type of degree (AA, BS etc), the field of study (ECE, SW, etc.), and the educational institution you are working with. _____

NOTE: Employees who fail to submit verification of successful completion within 2 months of the end of the term will be required to reimburse the Regional Planning Commission for any prepaid costs.

Course No.	Course Title	Educational Institution	Date(s) & Time of course	Does this course fulfill a requirement for degree or CDA?	Credit hours	Amount of tuition and fees

I have read the above request and find it to be in accordance with the staff member's Professional Development Plan. I am approving the full amount, excluding late fees or fines, be reimbursed to the employee, contingent on availability of funds.

I have read the above request and am denying reimbursement to the employee for the following reason(s):

Supervisor Signature and Date

I have read the supervisor's recommendation and I am approving the request.
I have read the supervisor's recommendation and am denying the request.

HR Director –HR Signature and Date