

American Federation of Teachers
3737 Camino del Rio South, Suite 410
San Diego, CA 92108-3883

LICENSURE/CERTIFICATION FEE REIMBURSEMENT PROGRAM

Date: _____ **Campus Mailbox:** _____
(Mesa only)

Name: _____ **EIN:** _____
(employee ID number)

Mailing Address: _____
Street
City
State
Zip Code

Phone Number: (____) _____ **E-mail** _____
Area Code

College/Center Site: _____ **Adjunct:** ____ **Full-time Faculty:** _____

Department or Program: _____

Faculty Service Areas: 1. _____ 2. _____ 3. _____

Name of Certificate/License: _____

Issuing Agency or Institution: _____

Date of Expenditure(s): _____

Total Expenditure(s): _____

College faculty may be reimbursed for the actual cost of fees charged which directly relate to the issuance or re-issuance of a license or certificate required by the District, after initial employment, for the unit member to qualify for or retain his/her teaching or non-teaching assignment (not included: professional organization dues, continuing education fees, mileage, lodging, meals, etc.). Receipts and/or other official documentation must be submitted in order to process the reimbursement.

If the amount of requested reimbursements exceeds the amount of available resources, reimbursements will be distributed on a pro-rata basis.

Any activities reimbursed by these funds may not also be used for salary advancement purposes or any other type of District reimbursement.

Attached in 8 1/2 x 11 inch format are:

- Official documentation showing that employee is required to have this license to keep his/her job with the San Diego Community College District (SDCCD) or if it is mandated by the State of California.**
- A copy of the application filled out by employee to get the license.**
- A copy of the receipt for payment of the license (i.e., cancelled check, credit card statement, or the equivalent).**
- A copy of the actual license received by employee.**

Signature of Faculty Member: _____
Signature
Date

Signatures below affirm that this license or certificate is mandatory for the faculty member to continue in her/his current assignment.

Approvals:

Department Chair: _____
Signature Date

Dean: _____
Signature Date

Chair, PDC: _____
Signature Date

AFT _____
Signature Date