

# Chabot-Las Positas Community College District Enrollment Fee Reimbursement Application

Check Disposition - **Please check one**

District Office

Chabot

Las Positas

EDCE

ACH

Name \_\_\_\_\_

W# \_\_\_\_\_

Home Address \_\_\_\_\_

Semester \_\_\_\_\_

School \_\_\_\_\_

Course ID#	Course Title	Units	Purpose of Taking the Course
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Units

In accordance with the Classified Collective Bargaining Agreement, I understand that in order to receive a reimbursement, the following conditions must be met:

- 1) Proof of satisfactory completion must be submitted
- 2) Demonstration that the reimbursement does not exceed sixteen (16) semester units per year

The reimbursement will be at the unit cost of the prevailing California Community College enrollment fee or up to \$125 per unit for approved colleges and universities, up to \$2000 per fiscal year.

Since the amount of reimbursements for the District cannot exceed \$15,000 per year, this program will be administered on a first come, first served basis.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Forward to Accounts Receivable with proof of course completion*

### To be completed by Business Services

Units
Fee per Unit
Reimbursement  
 \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Total units for the year: \_\_\_\_\_ (Max Units = 16)

Approved for Payment \_\_\_\_\_

Date \_\_\_\_\_

Account # \_\_\_\_\_