APPLICATION FOR CAREER DEVELOPMENT EDUCATION REIMBURSEMENT

CSUSM Corporation

Employee Section

Print Name: Last First Middle Initial		
Department/Location		Job Title
Work Address		Employee Work Phone #
Supervisor Name (Please Print)	Supervisor's Work Phone #	Employee Home Phone #

Course Name: Degree Program:

Offered By/Location:

Description of Course (Include course number and number of credits if applicable):

_____

_____

Days and Times Course Meets:

Date: From_____ To: _____ Circle Day of the Week: M T W Th F S Time: _____

Reimbursement Requested For:

Fees: $_____

Total: $_____

Chartfield String: _____

_____

Justification for Reimbursement:

_____

_____

_____

If I leave CSUSM Corporation employment within six months of receiving any reimbursement, I agree to repay CSUSM Corporation under the repayment provisions of the Career Development Education Reimbursement Program.

EMPLOYEE SIGNATURE:_____ **DATE:**_____

Each request must be approved by the Supervisor as well as Human Resources prior to enrolling and will be considered on its individual merits in terms of the worth of the coursework to CSUSM Corporation, the needs of the department or project, and the availability of funds for this purpose.

Supervisor Section

- ❑ Course(s) above is job related – Funds are available for reimbursement – Approved for $_____
- ❑ Course (s) above is job related - Funds are NOT available for reimbursement
- ❑ Course(s) above is not job related - No reimbursement is available

SUPERVISOR SIGNATURE: _____ **DATE:** _____

PROJECT DIRECTOR SIGNATURE: _____ **DATE:** _____

Human Resources Section

- ❑ Course (s) above is job related. Funds are available for reimbursement.
- ❑ Course (s) above is job related. Funds are NOT available for reimbursement.
- ❑ No reimbursement is available. Reason:

_____

HUMAN RESOURCES APPROVAL: _____ **Date:** _____

Date forwarded to Accounts Payable:

February 2003; rev December 2009 name change only; rev May 2011; rev January 2015; rev July 2016; rev Oct. 2017 name change only