

**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES**



TUITION REIMBURSEMENT REQUEST

PERSONAL INFORMATION

_____ Name (Please PRINT)	_____ Social Security No.	_____ Date of Request
_____ Home Address	_____ City - State - Zip Code	_____ Daytime Phone #
_____ Department/Program	_____ Date of PCS Appt.(Mo/Yr)	_____ Evening Phone # (Optional)

Job Class No. and Title: _____

Employee Organization & Bargaining Unit: (Please check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Local 1414 Auto. Machinist | <input type="checkbox"/> Probation Officers Association-856 | <input type="checkbox"/> NURSES-SEIU Local 790 |
| <input type="checkbox"/> Local 6-Electrical workers | <input type="checkbox"/> Plumbers - Local 38 | <input type="checkbox"/> TWU 250A (7410/9132) |
| <input type="checkbox"/> Local 22-Carpenter | <input type="checkbox"/> SFPOA | <input type="checkbox"/> Building Inspectors Association |
| <input type="checkbox"/> Local 39-Stationary Engineers | <input type="checkbox"/> TWU 250A-Multi | <input type="checkbox"/> Local 350-Teamsters |
| <input type="checkbox"/> Local 104-Sheetmetal Workers | <input type="checkbox"/> H-1 Rescue Paramedic-Local 790 | <input type="checkbox"/> Local 250-SEIU |
| <input type="checkbox"/> Local 853-Teamsters | <input type="checkbox"/> Firefighters Local 798-Unit I | <input type="checkbox"/> Local 535-SEIU |
| <input type="checkbox"/> Local 856-Teamsters | <input type="checkbox"/> Firefighters Local 798-Unit II | <input type="checkbox"/> Local 790 SEIU |
| <input type="checkbox"/> NURSES-Teamsters-Local 856 | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Unrepresented |
| <input type="checkbox"/> Transit Operators-L250A | | |

EDUCATIONAL INFORMATION

Workshop/Course Title (Attach registration form & flyers)

Dates of Course/Workshop

Educational Institution

Tuition/Fees

Employee's Signature

Date

Supervisor's Signature

Date

Departmental Personnel Officer/Appointing Officer Signature

Date

FOR ERD USE ONLY

Request Approved: _____ Denied: _____

Human Resources Director Signature

Date

(If denied-indicate reason) _____

TUITION REIMBURSEMENT - ELIGIBILITY REQUIREMENTS AND INSTRUCTIONS

Eligibility for reimbursement is governed by the provisions of certain Memoranda of Understanding between the City and County of San Francisco and various employee organizations (some exceptions are noted below). It is reserved for employees in classifications assigned to bargaining units represented by recognized employee organizations. Employees must consult their Memorandum of Understanding for specific provisions regarding maximum reimbursement limits within any given fiscal year.

Instructions:

1. Complete the Personal Information and Educational Information sections of the form. Attach a copy of the course registration form and flyer which contains the following information: Title of Course/Workshop, dates of course, sponsor and workshop/course fees.
2. Sign and date the application and submit it to your supervisor or manager. We recommend you complete and sign this form 20 working days before the workshop or course start date. You may wish to keep a copy of the Tuition Reimbursement Request for your own records.
3. ****Your supervisor or manager will review and submit the request to your Departmental Personnel Officer or Appointing Officer (or designee).**

The Departmental Personnel Officer or Appointing Officer (or designee) must sign the request and submit it to the Employee Relations Division a minimum of 10 working days prior to the workshop or course start date.**

4. You will receive an approval letter from the Employee Relations Division, Department of Human Resources prior to the course start date. If a letter is not received prior to the course start date, please call 415-557-4990 (main phone number).
5. Upon completion of the course or workshop, attach proof that you have either satisfactorily passed the course or attended the workshop. This can be a certificate of completion, attendance, or other documentation provided by the educational institution that verifies completion of the workshop or course.
6. Attach evidence of payment of your tuition cost. Copies of a receipt from the educational institution, a cancelled check (front and back), a credit card statement, or similar documents are all acceptable.
7. Send the tuition reimbursement request and supporting documentation to:

CCSF Department of Human Resources
Employee Relations Division
44 Gough Street - 3rd Floor
San Francisco, CA 94103
ATTENTION: Tuition Reimbursement

DHR will process the request and authorize the Controller's Office to process the payment of your Tuition Reimbursement Request.

Please note:

- a. **Incomplete or inconsistent information on the Tuition Reimbursement Requests will be returned for correction or completion before processing.**
- b. **All requests for tuition reimbursement must be received by the Employee Relations Division 10 working days prior to the course or workshop start date.**
- c. **DHR will not process reimbursement requests received more than 3 months after the completion of the workshop, course, conference/seminar. However, due to fiscal year end constraints, completion documentation for courses ending in April, May or June must be submitted by the 10th working day of July in order to be paid. (Note: If a course/seminar/workshop/conference begins in one fiscal year and ends in the next, then the reimbursement would be paid from the next year's fund. The City & County of San Francisco's fiscal year starts on July 1st and ends on June 30th.)**
- d. **Tuition Reimbursement Requests from SEIU Local 790-Nurses will not be approved for any courses, seminars or conferences without the BRN or CME Provider's Number printed on the flier.**