

FOR DELEGATE STAFF ONLY
Delegate Pre-Approval & Request for Tuition Reimbursement

Contact Information:

Applicant Name: _____ Email Address: _____
 Home Address: _____ Job Class: _____
 City, State, Zip: _____ Home/Contact Phone: _____
 SETA/Delegate Agency: _____ Work Phone: _____
 Job Site: _____ Direct Supervisor's Name: _____

Course Information & Pre-Approval:

Instructional Institution: _____
 Semester/Quarter Start Date: _____ Semester/Quarter End Date: _____ Late Registration Deadline: _____
 (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

Course	Units	Tuition	Books (SUBMIT reading lists)
		TUITION SUBTOTAL \$	BOOKS SUBTOTAL \$:
TOTAL Amount Requested for Reimbursement: \$			

I am working towards an: AAT BA MA T Permit T Certificate Other: _____
 I have completed an educational "roadmap" with an advisor/counselor at a community college or university. YES NO
 I have a current Individual Staff Development Plan (IDP) and the course work is included in the plan. YES NOT

Applicant's Signature: _____ Date: _____

This signature certifies this CIP applicant is a Head Start paid employee and is eligible for the Head Start Career Reimbursement Program (CIP). I verify, to the best of my knowledge, this CIP applicant is not being reimbursed by other delegate agency Head Start funds for the same coursework.

Delegate Director or Designated Staff (pre-approval) _____ Date: _____

Name (Printed) _____ Email _____ Phone _____

FINAL APPROVAL FOR REIMBURSEMENT

This section is for final approval only and should be signed after completion of the coursework and prior to submission to SETA for reimbursement.

This signature certifies this CIP applicant is a Head Start paid employee and is eligible for the Head Start Career Reimbursement Program (CIP). I verify, to the best of my knowledge, this CIP applicant is not being reimbursed by other delegate agency Head Start funds for the same coursework.

 *Delegate Director's or Designated Staff Signature (Required) Date HS/EHS/EHSCP (please designate one allocation)

TO BE REIMBURSED, YOU MUST FOLLOW THESE INSTRUCTIONS:

The Tuition Reimbursement Program will provide funds for staff to assist them in continuing their professional growth, which include under

graduate and graduate degree programs. This can be used when the staff receives no other funds from any other source, such as government grants and scholarships. Reimbursement shall only be made for course work at accredited colleges, universities and instructional institutions and/or for course work required to maintain current licensing or permits as deemed appropriate by the Agency. In addition, reimbursement shall only be applicable for the actual cost of the tuition/enrollment, books and other mandatory student fees, ~~not~~ ~~exceed~~ the current contractual or grant amount per "defined" year. Defined year for Health Staff is August 1 through July 31.
