



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: AA BA MA Permit 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 (ISDP) and the course work is included in the plan. YES NO

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/EHS-CCP (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 may 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 to exceed the current contractual or grant amount per "defined" year. Defined year for Head Start Staff is August 1 through July 31.

Requirements to be eligible for tuition reimbursement:

1. Complete and submit this form to your **Delegate Director or designee** for approval **PRIOR** to the course start date. Once signatures are acquired, submit a copy to the SETA Fiscal Department. **Please note: all pre-approval applications need to have the designated signatures and be submitted to the SETA Fiscal Department PRIOR to the start date of your class.**
2. Obtain a grade of C (or equivalent) or better.
3. Within 30 days after completion of pre-approved course(s), submit grades, completed Tuition Reimbursement Form, Statement of Financial Aid, all original receipts (to include receipts for tuition, books, & classroom tools) to Delegate Director or designee for FINAL approval and program allocation.

Once final approval is obtained, either you or designated staff should forward all documents to the SETA Fiscal Department for payment processing.

Checklist (Documents Needed for Reimbursement)

- _____ Delegate Staff Tuition Reimbursement Form completed and signed by Delegate Director or designee
- _____ Original receipts for books and materials
- _____ Original receipt for fee payment **OR**
- _____ Account Distribution record **OR**
- _____ Student Registration status report marked paid by college
- _____ Statement of Financial Aid (completed by educational institution)
- _____ Copy of grade(s) received ("C" or better or equivalent)
- _____ Transcript showing education status (Head Start Staff: If holding a B.A. /B.S. or higher, classes must relate to Early Childhood Education and/or be required for employment at Head Start, or be related to Head Start content areas.)
- _____ Required book list for courses

For Information or Assistance, Contact SETA Fiscal Department at (916) 263-4107 or (916) 263-1388
Fax (916) 263-6124

Failure to complete the form in its entirety or missing documentation could result in delay of payment or denial of your request.

**FOR SETA OFFICE USE ONLY
Cost Center Allocation & Manager's Final Approval:**

REIMBURSEMENT: *Program Year* _____

Funding Cost Center (FCC) *(Please specify: HS, EHS, or EHS-CCP)* _____ **Amount** _____

General Ledger#: 20203700

APPROVED: _____

_____ Staff Manager	_____ Date	_____ Fiscal Supervisor	_____ Date
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_____ **Available Balance**