



Local 1600 Tuition Reimbursement Request Form

- For Local 1600 Tuition Reimbursements:
- Complete this form and obtain all required signatures.
 - Attach an original grade report and original proof of payment clearly identified with your name and the name of the college or university printed on all documents.
 - Submit completed form and all required attachments to the Business Manager at your campus.

- Reimbursements for tuition and professional development combined cannot exceed:
- \$1,000 per fiscal year for Faculty & Training Specialists under the Local 1600 Faculty & Training Specialists contract
 - \$1,200 per fiscal year for Full & Part-Time Professional Employees under the Local 1600 Professional Employees contract

FISCAL YEAR ENDS ON JUNE 30TH. REIMBURSEMENT REQUESTS SUBMITTED AFTER JUNE 30TH WILL BE APPLIED TO THE NEXT FISCAL YEAR.

Employee Type: Local 1600 Faculty Local 1600 Training Specialist Local 1600 Professional

Applicant:	Title:	College:
Date(s) of absence (if applicable)	Begin:	Return:
Person in charge during your absence (if applicable):		
Title of Class(es):		
Date(s) of class(es):	Begin:	End:

Specify how class relates to your job and will benefit City Colleges of Chicago:

LOCAL 1600 TUITION REIMBURSEMENT: Attach an original grade report and original proof of payment.

Course Title	Course Dates	Tuition Cost
		\$
		\$
	Total Tuition Expenses	\$

BUSINESS MANAGER: Complete this section before submitting request to Office of Human Resources / Benefits Division for reimbursement.

Has this applicant received any other reimbursement(s) this fiscal year for tuition and/or professional development? Yes _____ No _____

If yes, please indicate the total amount already reimbursed this fiscal year: \$ _____

If yes, also indicate the fiscal year balance remaining:

• For Local 1600 Faculty & Training Specialists - \$1,000 minus total amount already reimbursed \$ _____

• For Local 1600 Professional Employees - \$1,200 minus total amount already reimbursed \$ _____

Indicate Funding Source Chartfield for Tuition Reimbursement: _____

Signatures Required:	Date:	Signatures Required:	Date:
Applicant:		Chair of Union Committee:	
Immediate Supervisor:		Dean/Vice President:	
Title:		President/Vice Chancellor:	
Business Manager:		Chancellor:	

FISCAL YEAR ENDS ON JUNE 30TH. REIMBURSEMENT REQUESTS SUBMITTED AFTER JUNE 30TH WILL BE APPLIED TO THE NEXT FISCAL YEAR.

Release of Reimbursement funds is contingent upon the receipt of all required attachments and applicable signatures. Requests missing required information and/or required signatures will be returned to campus Business Office for completion.

Business Office Comments: