



VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES DEPARTMENT

Education/Wellness Leave Request Form

Sections 11.21 and 11.22 of SEIU Agreement
(For permanent classified employees only)

- One course may be taken each academic session.
• A maximum of 3 1/2 hours of release time per week during employee's regular work hours may be given to take one course, including travel time, or for monitored wellness activity or fitness center utilization.
• Additional time will be made up during the same workweek.*
• Attach copy of class schedule.

Name: _____ Location: _____

Employee ID Number: _____ Classification: _____

Course No.: _____ Course Name: _____ Location: _____

Time: _____ Days: _____ Start Date: _____ End Date: _____

Specify days/hours of release time requested: _____

What will the course credit be applied to?

[] 1Degree program – specify program _____

[] 1Certificate – specify program _____

[] 1Work-related – please describe how this course is related to your work assignment

[] Wellness – specify class _____

[] Wellness – if not a college class, specify activity and how the activity will be monitored**

*Specify any time to be made up during the same workweek: _____

**To be utilized only when employee has reached the limit on the number of times a course may be repeated or specific wellness activity is not a course offering.

Request is for: [] Release Time Only [] Reimbursement Only [] Release Time and Reimbursement

Employee Signature _____ Date _____

For College Employees: _____ [] Approved [] Disapproved
Immediate Supervisor

_____ [] Approved [] Disapproved
President

_____ [] Approved [] Disapproved
Vice Chancellor, Human Resources

For District Employees: _____ [] Approved [] Disapproved
Immediate Supervisor

_____ [] Approved [] Disapproved
Vice Chancellor, Human Resources





VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES DEPARTMENT

Submit completed forms to Human Resources

If you've indicated course work that qualifies for reimbursement, you will be sent a copy of this form after approval and signature by the Vice Chancellor, Human Resources.

Upon completion of your course work, sign below and resubmit this form with a copy of your transcript, to the Executive Assistant to the Vice Chancellor, Business and Administrative Services, at the District Administrative Center, for processing of reimbursement.

Separator line of diamond symbols

Requirements for Reimbursement

1 Employees may qualify for reimbursement of enrollment fees for classes taken at VCCCD for courses in a degree and/or certificate program or professional development directly related to their position. Reimbursement will be provided upon certification that the class has been completed with a grade of "C" or better.

Separator line of diamond symbols

Request for Reimbursement

I have completed the approved courses and have met the Requirements for Reimbursement. I am requesting reimbursement of my enrollment fees per Section 11.21 of the VCCCD/SEIU Agreement.

Sign and submit this form to the Business and Administrative Services Department at the DAC for processing.

Employee Signature _____ Date _____

Separator line of dots

FOR USE BY BUSINESS SERVICES DEPARTMENT

- Verification: [] Course successfully completed (Grade of "C" or better)
[] Fees Paid

Director, Fiscal Services: _____
Signature

Amount reimbursed: _____

Check No.: _____

Date Paid: _____

