Ventura County Community College District
Course/Wellness Request Form
(for permanent classified employees only)

Note: Classes may be taken ***only during the semesters (fall and spring)*.**
Wellness may be taken all year as long as it is a class or monitored activity (per section 10.21 of the agreement between SEIU and the District).

A maximum of 3½ hours of release time may be given to take one course, including travel time or 3 hours per week for monitored wellness activity or fitness center utilization. Additional time will be made up during the same work week.*

Name ______________________________ College ______________________________

Employee ID No. ______________________ Classification ______________________________

Course No.: __________ Course Name: ______________________ Location: ___________

Time: _____________ Days: ________________ Start Date: ________ End Date: ________

What will the course credit be applied to?

- ☐ [1]Degree program – specify program ______________________________
- ☐ [1]Certificate – specify program ______________________________
- ☐ [1]Work-related – please describe how this course is related to your work assignment
  ____
  ____
- ☐ Wellness – specify class ______________________________
- ☐ Wellness – if a college class is not being taken, specify activity**__________________
  ____

*Specify make-up time to be made during the same work week: ______________________

**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.

Employee's Signature ______________________________ Date ______________________

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For College Employees: ______________________________ Approved____ Disapproved ____
Immediate Supervisor

______________________________ Approved____ Disapproved ____
President

______________________________ Approved ____ Disapproved ____
Vice Chancellor, Human Resources

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For District Employees: ______________________________ Approved____ Disapproved ____
Immediate Supervisor

______________________________ Approved____ Disapproved ____
Vice Chancellor, Human Resources

(continued on back)

Submit completed forms to the Office
of the
Vice Chancellor, Human Resources

If you've indicated course work that qualifies for reimbursement, you will be sent a copy of this form once it has been approved and signed by the Vice Chancellor, Human Resources.

Upon completion of your course work, sign and resubmit this form to the Supervisor of Accounting at the District Service Center for processing of reimbursement.

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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.

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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 10.21 of the VCCCD/SEIU Agreement.

Sign and submit this form to the District Accounting Department for processing.

_______________________________ Date:___________________
Employee's Signature

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FOR USE BY DISTRICT ACCOUNTING DEPARTMENT

Verification: _____ Course successfully completed *(Grade of "C" or better)*
_____ Fees paid

Supervisor of Accounting: __________________________
Signature

Amount reimbursed: ______________________
Check No.: _____________________________
Date paid: ______________________________

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