

## **Transitional Kindergarten Teachers and CSPP Teachers Reimbursement Process**

*The Local Child Care Planning Council has been granted a limited amount of funds to reimburse T/K teachers and CSPP teachers for completing Child Development units. Program information and the reimbursement process are outlined below:*

- The money will be allocated on a first-submitted, first-funded basis (once funds are depleted, reimbursement requests will no longer be funded)
- Eligible participants must be current Transitional Kindergarten teachers or California State Preschool teachers
- Expenses must have been paid by the individual requesting reimbursement
- All requests from one teacher cannot exceed a combined total of \$3,000
- Whether or not there are remaining funds, this program will end 6/30/17
  
- REIMBURSABLE EXPENSES INCLUDE: course and unit fees, required textbooks, and software for unit bearing coursework in Child Development/Early Childhood Education
- REIMBURSEMENT PROCESS: qualifying teacher must complete and submit an *Educational Reimbursement Request Form*, along with proof of payment, transcript or completion of units (graded units must be a C or better), a confidential profile for direct service participant's form and original receipts for all expenses. (Note: if multiple requests for reimbursement are submitted, the exact same procedure must be followed each time. Please remember, there is a \$3000 cap.) Turn in your paperwork as soon as it is done reimbursements will be done on a first come first serve basis.

For questions contact Judi Andersen 707 445-7006 or [jandersen@humboldt.k12.ca.us](mailto:jandersen@humboldt.k12.ca.us)

# EDUCATIONAL REIMBURSEMENT REQUEST FORM

ATTN: TEACHERS OF TRANSITIONAL KINDERGARTEN AND CALIFORNIA STATE PRESCHOOL PROGRAMS

NAME : \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WORK SITE: \_\_\_\_\_ GRADE TAUGHT: \_\_\_\_\_

## REIMBURSEMENT REQUESTED (documentation and original receipts required):

Books: \$ \_\_\_\_\_ Software: \$ \_\_\_\_\_

\*Course: \$ \_\_\_\_\_ \*Units (if additional cost): \$ \_\_\_\_\_

**\*IMPORTANT: For Course/Units, please also provide the following information:**

Course Name: \_\_\_\_\_

# of units received: \_\_\_\_\_ Date units completed: \_\_\_\_\_

**Note: Along with this completed Reimbursement Request Form, you must submit proof of completion of units, proof of payment, and a confidential profile for direct service participant's form.**

**TOTAL AMOUNT REQUESTED: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit completed Reimbursement Request Form  
and all required documentation and receipts to:**

Humboldt County Office of Education  
Attn: Judi Andersen, Coordinator  
901 Myrtle Ave., Eureka, CA 95501-1294

Questions? Contact Judi Andersen at (707) 445-7006 or [jandersen@humboldt.k12.ca.us](mailto:jandersen@humboldt.k12.ca.us)

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### FOR OFFICE USE ONLY

Reviewed and approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Judi Andersen, Coordinator

Check Number: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ By: \_\_\_\_\_