

REMAINING ALLOWANCE:

LOS ANGELES UNIFIED SCHOOL DISTRICT CAREER LADDER PROGRAMS REIMBURSEMENT FORM

Member Na	me:		Employee Number:			
Program:	☐ Supporting Teacher Educ	paration and Undergraduate Program (STEP UP)				
	☐ Career Assistance for Reg	gistered N	urses in Edu	ıcation (CARE)		
		-		JRSEMENT AGREEMEN	-	
expenses. Re	good standing may receive usequests for reimbursement maination. Please allow 6-8 week	up to \$8,0 lust be su	00 per accubmitted w	ademic year for edu rithin three (3) mon	cationally related or RN lice	
To qualify for	tuition reimbursement, course	work mus	t be comple	eted at a regionally a	ccredited college or universit	y or at a pre-
licensure nur	rsing program approved by th	e Californ	ia Board of	Registered Nursing.	Coursework must be degre	e or licensure
applicable a	nd must be completed with a g	jrade "C" d	or better. C	ourses taken for a Pa	ss (P) or Credit (CR) are also	acceptable.
a student loc are paid thro Please sign a	istance is provided as reimburs an. Expenses covered by a sch ugh the member's pay warran and submit this reimbursement UP Members – teachinla.co/st	iolarship, (t. form with	grant or fee	waiver are not reimle	• .	
• CAR	: Members – <u>teachinla.co/care</u>	ereimburs	<u>sement</u>			
EDUCATION OR CREDENTIAL EXPENSE TYPE			REQUIRED DOCUMENTATIONS			AMOUNT REQUESTED
Tuition			Statement of Account, and Grade Report			
Non-Tuition Fees			Proof of Enrollment, and Statement of Account			
Parking Passes, Public Transportation Passes			Proof of Enrollment, and Proof of Purchase			
Textbooks, Textbook Rentals, Ebooks			Proof of Purchase			
Lab Fees, Lab Materials			Proof of Purchase			
Test Fees			Proof of Purchase, and Test Results			
Test Preperation Materials			Proof of Purchase			
Nursing Uniforms, Nursing Equipment			Proof of Purchase, and Nursing School Admission Letter			
Technology			Proof of Purchase, and Justification Paragraph			
Fingerprinting Fees, Live Scan Fees			Proof of Purchase			
Commision Approved Foreign Transcript Evaluation			Proof of Purchase, and Evauated Transcript			
Professional Organization Fees, Conference Fees			Proof of Purchase, and Organization/Conference Details			
Registered Nurse Licensure Fees			Proof of Purchase			
School Supplies, Classroom Supplies			Proof of Purchase			_
Certificate of Clerance Fees, CTC Fees			Proof of Purchase			_
ed IPA Platforr	m Fees, LMS Platofrm Fees		Proof of Pur	chase		
MEMBER SIG	NATURE:				DATE:	
			FOR OFFICE	USE ONLY		
AVAIABLE ALLOWANCE: VERIFIE		VERIFIED	By:	Y: ADMINISTATOR REIMBURSEMENT TYPE:		
AMOUNT APPROVED:				APPROVAL:		
		DATE:		DATE:		
AMOUNT DIS	SAPPROVED:	COMME	NTS:			