



Head Start Staff Tuition Reimbursement Packet

Letter of Intent Due Date: Jan. 30, 2018

Reimbursement Application Due Date: May 31, 2018

**Head Start Staff
Educational Reimbursement Application**

INSTRUCTIONS

Pre-Application Requirements

- 1.0** Staff who plan to submit an application for tuition reimbursement must first submit a Letter of Intent (sample letter attached) listing classes already taken and projected to be completed in 2017/2018 school year, from the dates July 1, 2017- June 30, 2018, only. Letter must also detail amount of all fees paid that will be included in reimbursement request application.

Letter of Intent must be submitted to LACOE via HS_Doc_Submission@lacoed.edu no later than January 30, 2018.

Steps for Reimbursement Application Completion

- 1.0** Agency staff completes form Application for Educational Reimbursement, retaining a copy for personal records. Requests will be returned if all requested information is not provided. Make a photocopy of the form for your records and submit the entire form, along with proof of final grades, to your agency Director.
- 2.0** Receipts for payment of tuition, books, fees and transcripts (of other proof of completion of the course(s) with a grade of “C” or better) **must** accompany the Application for Educational Reimbursement form.
- 3.0** The Grade Verification form may be submitted in lieu of school transcripts.
- 4.0** Agency Director verifies that the course(s) will be relevant to current position and/or are part of the curriculum toward a degree requirement.
- 5.0** Agency Director submits the Application for Educational Reimbursement form to LACOE via HS_Doc_Submission@lacoed.edu no later than May 31, 2018.
- 6.0** LACOE will notify the employee, via email, of receipt of the Application for Educational Reimbursement form and supporting documentation.
- 7.0** LACOE will notify the employee of application approval or disapproval within 1 month of the submission of the Application for Educational Reimbursement form.
- 8.0** Approvals and subsequent reimbursements are based upon funds available. Approvals for educational fees reimbursement are for the period of July 1, 2017- June 30, 2018, only.
- 9.0** Please address inquiries to Shanita Smith, Head Start Staffing Technician, at (562) 401-5352 or Smith_Shanita@lacoed.edu.

Head Start Staff Educational Reimbursement Application

CHECKLIST

(Due to LACOE by January 30, 2018 via HS_Doc_Submissions@lacoed.edu)

- Letter of Intent**

(Due to LACOE by May 31, 2018 via HS_Doc_Submissions@lacoed.edu)

- Application for Education Fees Reimbursement**
- Official/ Unofficial Transcript *or* Grade Verification Form (if applicable)**
- Receipts and/ or proof of enrollment**
- Copies of all documents submitted (for personal records)**



Los Angeles County
Office of Education

**Application for Educational
Reimbursement
College Course Work for
Head Start Staff**

Applications must be
submitted to LACOE
NO LATER THAN
May 31, 2018.

All Delegate Agency staff whose salary is paid with Head Start funds may apply. Complete all form fields as incomplete applications will not be processed. Make a copy of all completed forms to retain for your records.

EDUCATION FEES REIMBURSEMENT IS FOR PROGRAM YEAR 2017/2018 ONLY AND CONTINGENT ON THE AVAILABILITY OF FUNDS. APPLICATION MUST BE RECEIVED BY LACOE HEAD START BY MAY 31, 2018.

Section I Employee Information

LAST NAME, FIRST NAME (Name as it appears on government issued identification.)		DAYTIME PHONE NUMBER	SOCIAL SECURITY NUMBER
MAILING ADDRESS (STREET NUMBER, STREET NAME, APARTMENT NUMBER, CITY STATE, AND ZIP CODE)			
EMAIL ADDRESS		NAME OF DELEGATE AGENCY	
CURRENT POSITION TITLE			
I WORK IN A (Chose only one) <input type="checkbox"/> Head Start (HS) Classroom <input type="checkbox"/> Early Head Start (EHS) Classroom <input type="checkbox"/> Early Head Start- Child Care Partner (EHS-CCP) Classroom			
COURSE OR TERM START & END DATES		NAME OF ACCREDITED EDUCATIONAL INSTITUTION	<input type="checkbox"/> Stand Alone Class <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> MA/MS Degree
<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Other (Specify) _____			
to			
ANTICIPATED DEGREE COMPLETION DATE (Within no more than two years from this application submission) : _____ MM/YYYY			
NAME(S) OF COURSE(S) (Attach an additional sheet, if necessary)			<input type="checkbox"/> COURSE WAS ECE
DESCRIBE COURSE(S) CONTENT(S)			
SPECIFY RELEVANCY OF EDUCATION OR TRAINING TO PRESENT POSITION			

Section II Itemized Education Expenses

TOTAL 2017/2018 TUITION FEES:	<input type="checkbox"/> Quarter(s) <input type="checkbox"/> Semester(s)	TOTAL 2017/2018 BOOK FEES:
\$ _____	<input type="checkbox"/> Other (Specify) _____	\$ _____

- I hereby request reimbursement for education fees paid from July 1, 2017- June 30, 2018. I understand that this is non-taxable income and that by accepting fee reimbursement I am committing to remain with the Head Start program for at least two years. All information submitted here is accurate and the original copies of receipts.
- I have attached receipts/proof of enrollment and proof of completion of coursework.
- I certify that I have not received any grants or other non-reimbursement tuition assistance for the classes that I am now requesting reimbursement for.

SIGNATURE OF APPLICANT	DATE
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Section III Approval by Agency Director

I certify that the applicant submitting this form is currently employed by a LACOE Head Start Delegate Agency and his/her salary is paid with Head Start funds. (initial) _____

Relevancy of coursework has been verified

SIGNATURE OF DELEGATE AGENCY DIRECTOR	DATE
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Section VI **FOR GRANTEE OFFICE USE ONLY**

DATE RECEIVED	<input type="checkbox"/> APPROVED
	<input type="checkbox"/> DISAPPROVED

APPLICATION REVIEWED BY	REVIEWER SIGNATURE	DATE
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SIGNATURE OF GRANTEE EXECUTIVE DIRECTOR	DATE
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Section V Accounting Section

Account Number(s)	Percentage	Verified by / Date



**Head Start Staff (HS Staff Only)
Educational Reimbursement Application**

GRADE VERIFICATION FORM

First Name: _____ Last Name: _____ M.I.: _____

IMPORTANT: If you are taking a class in Spring 2018 and the grades/transcripts will post or be available after May 31, 2018, submit this Grade Verification Form, signed by your professor, with your reimbursement application.

Instructor Note: The Los Angeles County Office of Education requests that you complete this Grade Verification Form if your course grading or grade posting falls **after May 31, 2018.** Please verify that this student will complete this course satisfactorily, with a grade of “C” or better by filling out the fields below.

Name of Educational Institution: _____

Course Title: _____ Course Number: _____

Course Start Date: ____/____/____ Course End Date: ____/____/____

Name of Student is as of this date, ____/____/____, in good standing and will earn a grade of “C” or better at the end of this course.

Instructor’s Name (printed)

Instructor’s Signature

Business Phone

Email Address

Letter of Intent
SAMPLE

Ms. Teacher Beth
1245 Preschool Road
Whittier, CA 90670

January 15, 2018

LACOE Head Start
ATTN: Tuition Reimbursement Program
10100 Pioneer Blvd.
Santa Fe Springs, CA 90670

Dear Tuition Reimbursement Program Staff:

I am submitting this Letter of Intent to inform you of the courses I have taken/ am taking for the 2017/ 2018 School Year. I will be submitting an application for reimbursement for the tuition, books and other fees associated with my classes for this year.

I am enrolled at California State University, Dominguez Hills, taking courses toward the completion of my Bachelor's of Arts Degree in Early Childhood Education. I am on track to complete all course work and graduate in Summer 2019. During first semester (August 2017- December 2017) I paid a total of \$2,000 in tuition and fees. I anticipate that I will receive my grades in the next two weeks. I did not receive any financial assistance for this amount. I took the following classes:

- Humanities 200
- Child Development 207
- College Algebra
- Biology 119

For the second semester of the 2017/2018 school year, I have paid the amount of \$1, 675 for tuition and fees associated with registration for three online classes:

- Communications 300
- ECE 220
- Child Development 307

I understand that the Education Reimbursement Application package is due to LACOE by May 31, 2018. I will submit all my documents, receipts and proof of grades in advance of that date.

Thank you.

Sincerely,

Teacher Beth