

SDCCD TUITION REIMBURSEMENT

DECLARATION OF OFFICIAL GRADE REPORT SUBMISSION

*(Please submit this declaration with your completed Tuition Reimbursement request
if your official {sealed} transcript is not being submitted with your request)*

I believe that I have successfully completed the course(s) listed on my Tuition Reimbursement request.

I requested/will request **official** transcript(s) from _____
Accredited Institution(s)

on or about *(date/estimated date)* _____ and will ensure the **sealed** transcript(s) are sent directly to the Human Resources–Employee Relations Department at the District Administrative Offices, to be part of my Tuition Reimbursement request. **No payment request will be authorized without an official {sealed or electronic} transcript.**

*Note: If transcript is being sent to you directly, it must be **sealed** when submitted to Human Resources. Or, electronic transcript submission directly from the institution (if available) to Human Resources is acceptable; please call Employee Relations at 619/388-6880 for email address.*

Employee's Signature: _____ Date: _____