

REIMBURSEMENT APPLICATION

Employee Name _____ Phone Number (_____) _____
Home or cell

Company Name _____ Employee # _____ Store # _____

Job Title/Department _____ Length of time with Employer _____

Work Address _____
Street Address City State Zipcode

Full Title of Course _____
(One course per application)

College/Provider _____ Course ending date ____/____/____

Why did you complete this course? (Check all that apply)

- GE Requirement Degree/Certificate Requirement (List Program) _____
- Professional Development Other
- How does this course support your career aspirations in the grocery industry? _____

Tuition fee \$ _____ Books \$ _____
(Excludes misc. fees, e.g., student, health, parking, etc.) (Applies only to Retail Management Certificate Courses)

- Employee must have completed this course with a grade of C or better (or certificate of completion for seminar course). For individual courses, the Foundation will reimburse employees up to \$200 for an "A", up to \$100 for a "B", and up to \$50 for a "C" or other passing grade (e.g. certificate, Pass, etc.). Employees are limited to a maximum annual reimbursement of \$1,000.
- Employee must have paid for this course with personal funds or student loans.
- To request reimbursement, submit this form, completed in full, along with a tuition receipt, proof of completion and verification of course ending date from the course provider. A book receipt is also required for those who qualify.** An incomplete form or documentation will result in the disapproval of the application.
- Complete applications must be received by CGAEF **within two months from the end date of the course.** No exceptions allowed.
- Employer must be a current member of the California Grocers Association. Employee must work a minimum of 16 hours per week and must be continuously employed with the qualifying company for 6 months.
- Both Employee and Employer acknowledge the program is on a "first come, first served" basis. All applications will be evaluated by the Approval Committee in the order in which they are received. Approval is granted without regard to race, color, creed, religion, age, gender, disability, national origin, sexual orientation, or other protected status. It is possible that funds for this program may be depleted by the time this application is processed. The CGAEF Board of Trustees and the Approval Committee have the sole discretion to disapprove any application and reserves the right to limit the amount of funding to any one company or individual based on aggregate usage or available funds.

By signing, Employee acknowledges they have taken this course voluntarily and paid for it with personal funds or student loans.

Date _____ By _____
Employee's Signature Email (please print)

Date _____ By _____
Supervisor's Signature Supervisor's Name (please print)

Please allow up to 8 weeks for processing. Employee will be notified via email when check is issued. Check will be mailed to the Employer for distribution to the Employee.

Mail to: CGA Educational Foundation
 1215 K Street, #700
 Sacramento, CA 95814

Questions: Contact Brianne Page
 Call (916) 448-3545
 Email: tuition@cagrocers.com
www.cgaef.org

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