

## REIMBURSEMENT APPLICATION

Name of Employee \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Home or cell

Company \_\_\_\_\_ 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 \_\_\_\_\_ Ending date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

☐ GE Requirement ☐ Degree Requirement (List Degree Program) \_\_\_\_\_

☐ Professional Development

☐ Other (Explain) \_\_\_\_\_

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

1. The Foundation will reimburse employees up to \$200 per course. Employees are limited to a maximum annual reimbursement of \$1,000.
2. The Employee must have completed this course with a grade of C or better (or certificate of completion for seminar course). The Employee must have paid for the course with personal funds or student loans. **To request reimbursement, submit this form, completed in full, along with a tuition receipt and proof of completion from the course provider. A book receipt is also required for those who qualify.** An incomplete form or documentation results in the disapproval of the application.
3. Complete applications must be received by CGAEF **within two months from the end date of the course.** No exceptions allowed.
4. 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.
5. 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, I acknowledge that I have taken this course voluntarily and paid for it with personal funds.**

Date \_\_\_\_\_ By \_\_\_\_\_  
Employee's Signature Email (please print)

Date \_\_\_\_\_ By \_\_\_\_\_  
Supervisor's Signature Supervisor's Name (please print)

Please allow 3-7 weeks for processing. Checks will be mailed to your supervisor for their distribution to you.

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

**Fax to:** (916) 448-2793

**Email to:** foundation@cagrocers.com

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

