SAN DIEGO UNIFIED SCHOOL DISTRICT TUITION / PROFESSIONAL DEVELOPMENT REIMBURSEMENT

| Name of Employee to be reimbursed Last, First, Middle Initial | Employee ID Number | Classification and Work Assignment | Date of Activity | Type of Activity | Amount of Reimburse ment |
|---|-----------------------|---------------------------------------|---------------------|------------------|--------------------------------|
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| | | | 139 | | No Free |

Return To:
Labor Relations Division
Eugene Brucker Education Center, Room 2101
4100 Normal Street, San Diego, CA 92103-2682

Form revised 06/2016