



# CAREER DEVELOPMENT PROGRAM Reimbursement Application

Name of Employee \_\_\_\_\_ Company \_\_\_\_\_

Length of time with Employer \_\_\_\_\_ Job Title/Department \_\_\_\_\_

Work Address \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Street Address, City, State and Zipcode Home or cell phone

Full Title of Course \_\_\_\_\_

College/Provider \_\_\_\_\_ Ending date \_\_\_\_/\_\_\_\_/\_\_\_\_

Full-time student  Part-time student Class level (Freshman, Sophomore...) \_\_\_\_\_

Degree Program (please list your field of study) \_\_\_\_\_

How does this course assist you with your job? \_\_\_\_\_

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

- The Foundation will reimburse employees up to \$150 per course. Employees are limited to a maximum annual reimbursement of \$750.
- The Employee must have completed this course with a grade of C or above (or a certificate of completion for seminar courses). **To request reimbursement, submit this form, completed in full, along with a receipt and proof of completion from the course provider.**
- 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 20 hours per week to qualify for this program and must be employed with the qualifying company for 6 months.
- Both Employer and Employee acknowledge that this Career Development Program is on a "first come, first serve" basis; reimbursements will be approved/disapproved in the order in which they are received. Courses will be approved based on the following priority: 1) Retail Management Certificate Courses; 2) Time in the industry and 3) Applicability to the food industry. 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 has 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 2-6 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

**Questions:** Contact Brianne Korte  
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