

**Los Angeles Unified School District
Career Ladder Office
CBEST Test Reimbursement Request Form**

Last Name: _____ First Name: _____ Emp. #: _____

Mailing Address: _____ Home Phone: (____) _____

City & Zip Code: _____ Work Phone: (____) _____

E-Mail Address: _____ Cell Phone: (____) _____

Work Site: _____

Date(s) Course was Taken: _____

Test Scores:

Mailed Separately

Attached

I understand that:

Reimbursement is not contingent upon my receiving a passing score.

Initials

I must repay the amount of reimbursement if within six months of receiving reimbursement, if I terminate employment with the Los Angeles Unified School District

Initials

Upon completing the Paraeducator Career Ladder, I must work as a teacher for the Los Angeles Unified School District for two years if offered a position or repay the amount of reimbursement received from the Career Ladder.

Initials

I must be a Ladder participant at level 2 or higher and am allowed reimbursement for the CBEST exam only two times.

Initials

If a Performance Assessment is needed for movement from one Ladder level to the next, it must be approved before the deadline. Please keep in mind that Performance Assessments received less than 2 weeks before a deadline may not be approved by the deadline. All requests must be submitted within 1 year of taking the class/test.

The original receipt for fees paid and a brochure or flyer which describes the seminar must be attached in order to receive reimbursement.

Signature

Date

**Mail this form to the Paraeducator Career Ladder Office, 333 S. Beaudry Ave., 15th floor, Los Angeles, CA, 90017.
Please allow 4 to 6 six weeks for processing.**

For Office Use Only

Ladder Level	_____	Reimbursement #	_____	Verified for payment	____/____/____
Fee Paid:	_____			Disapproved because:	_____
Reimbursement:	_____			Missing Performance Assessment # 1	
Class Code:	_____			Missing copy of the CBEST exam scores	
Status:	_____			Over reimbursement limit	

Authorized for payment

Date: ____/____/____