

Personnel Services Division

Tuition Application

(408) 453-6820
Email: mfine@sccoe.org

Last Name	First Name	Home Phone	Date of Application
Street Address		Email Address	
City	State	Zip	Work Site
		Phone Number	

Bargaining Unit: OSS* OTBS* Paraeducator* PSWA* CTA LT _____ Job Title _____

***To be completed only by SEIU (OTBS/OSS/Paraeducator) and PSWA (Psychologists) members:** I certify that I am not receiving reimbursement for this course from any other governmental agency or private source. I further understand that if I should leave the employment of the Santa Clara County Office of Education within one (1) year after completion of this course, the Office is hereby authorized to deduct 50% of this reimbursement from my final payroll check.

Signature of Applicant: _____ Date: _____

SUBMIT A SEPARATE APPLICATION FOR EACH COURSE

Course Number: _____ Course Start Date: _____ Course Completion Date: _____

Course Title: _____

College/University/Other _____ Telephone _____

Tuition Amount: \$ _____	Estimated Books/Materials: \$ _____	Total: \$ _____	Approved Amount: \$ Authorized by
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Provide a brief description of the course and how it relates to your job/occupational area, or if it is a part of a degree plan.

I will notify Personnel Services immediately in writing if I decide to not continue with or complete the course, so the funds can be allocated to another employee.

Signature of Applicant: _____ Date: _____

Note to Applicant: Please ask your Supervisor/Manager to review the relevance of this course to your job responsibilities. Final approval of this application will be determined by Personnel Services.

Note to Supervisor/Principal/Manager: Before signing, please check the appropriate box below, and review application to be sure employee has filled out all requested information before submitting to **Personnel Services**.

<input type="checkbox"/> Enhances worker's education and is directly related to job/occupational area	<input type="checkbox"/> Course is part of a degree plan	<input type="checkbox"/> Not directly related to job/occupational area
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Signature of Supervisor	Print Name	Date:
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FOR PERSONNEL SERVICES USE ONLY

Date Received: _____ Date Reviewed: _____ Approved Denied

Employee Status: Permanent Probationary Signature: _____

Reason For Denial: _____