

Personnel Services Division Tuition Application

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

Unit: OS\$ 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 receimbursement for this course from any other governmental agency or private source. I further understand that if I should leave the employment the Santa Clara County Office of Education within one (1) year after completion of this course, the Office is hereby authorized to deduct 50% this reimbursement from my final payroll check. Signature of Applicant: Date:	Last Name	First Name		Home Phone	Date	Date of Application	
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Course Title: College/University/Other		SUBMIT A SEPAR	ATE APPLIC	CATION FOR EACH	I COURSE		
Approved Amount: \$ Books/Materials: \$ Total: \$ Authorized by 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. It 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:	Course Number:	Course S	Start Date:	Course	Completion Date:		
College/University/Other	Course Title:						
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Employee Status: Permanent Probationary Signature:		FOR PER	SONNEL SE	RVICES USE ONL	Y		
	Date Received: ———	Date Re	eviewed: ———		Approved	Denied	
Peason For Denial:	Employee Status:	Permanent	Probationary	Signature:			
	Reason For Denial						