

Human Resources

P: (408) 453-6971 F: (408) 453- MC 264A

Tuition Application

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 OTBS/OSS/Paraeducator/Psychologist:** 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	Estimated		
Amount: \$ _____	Books/Materials: \$ _____	Total: \$ _____	HR Approved Amount: \$ _____

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 Human Resources 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 Human Resources.

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 **Human Resources, Mail Code 264-A.**

Enhances worker's education and is directly related to job/occupational area

Course is part of a degree plan

Not directly related to job/occupational area

Signature of Supervisor _____ Print Name _____ Date: _____

FOR HUMAN RESOURCES USE ONLY

Date Received: _____ Date Reviewed: _____ Approved Denied

Employee Status: Permanent Probationary Signature: _____

Reason For Denial: _____