TUOLUMNE COUNTY
EDUCATIONAL ASSISTANCE PROGRAM APPLICATION

PLEASE SUBMIT ONE APPLICATION FORM PER CALENDAR YEAR
APPLICATIONS ARE DUE NO LATER THAN APRIL 1ST EACH YEAR

Date: _____

EMPLOYEE INFORMATION:

Name: _____ Employee Number: _____
Classification: _____ Phone Number: _____
Department: _____
Hire Date: _____
Status: ☐ Full-time Permanent ☐ Part-time Permanent

PROGRAM/COURSE INFORMATION:

Institution: _____ Online: ☐ Yes ☐ No
Major: _____
Course/Degree Category: ☐Associate ☐Bachelor ☐Masters ☐Doctoral ☐Non-degree ☐Other

FINANCIAL INFORMATION:

Estimated cost for course(s) and reimbursable expenses: $_____
Amount requested during calendar year: _____$_____
Amount requested during fiscal year: _____$_____
Previous reimbursements: $_____ Date: _____

$5,250 IRS maximum per calendar year
$10,500 maximum for BA program per fiscal year
$5,250 for MA program per fiscal year

Please attach a written justification for the chosen program. Refer to the Educational Assistance Program Policy for more information and what to include in the justification.

If you will receive any veteran's benefits or any other outside tuition aid, not including loans, please attach information listing the types and amounts.

It is my intent to further my development through continuing education. I intend to seek reimbursement for eligible expenses under the Educational Assistance Program.

I understand only eligible expenses can be reimbursed and that I must comply with the Educational Assistance Program Policy and Procedures. My acceptance into the program is contingent upon approval by the Department Head, County Administrator, and available funding.

Employee Signature: _____

I have reviewed the above request and verified all necessary documents are included. I am recommending enrollment into the program.

Departmental Approval: _____

County Administrative Office Approval: _____

FISCAL YEAR July 1st – June 30th $5,250 - $10,500			
CALENDAR YEAR $5,250		**CALENDAR YEAR $5,250**	
January – June	July – December	January – June	July – December

Human Resources Director Approval: _____
Calendar Year Approval: _____ $_____
Fiscal Year Approval: _____ $_____
☐ General Fund ☐ Non-General Fund