TUOLUMNE COUNTY EDUCATIONAL ASSISTANCE PROGRAM CLAIM FORM

PLEASE SUBMIT ONE FORM PER COURSE

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

PART A

EMPLOYEE INFORMATION

Date: _____

Employee Name:_____ Employee Number:_____

Status: ☐ Full-time Permanent ☐ Part-time Permanent Department: _____

Classification: _____

COURSE INFORMATION

Institution: _____ Online: ☐ Yes ☐ No

Major: _____

Course/Degree Category: ☐ Associate ☐ Bachelor ☐ Masters ☐ Doctoral ☐ Non-Degree ☐ Other

(Attach copy of course description)

Course Start Date: _____ Course Completion Date: _____

Course Title and Number:

Grade: Credits/Hours: Semester/Quarter Units:

(Attach copy of course description)

Estimated cost of course and reimbursable expenses: $_____

Amount requested during calendar year:_____ $_____

If you receive any Veteran's benefits or any other outside tuition aid, please attach information listing the types and the amounts.

I understand that only eligible expenses can be reimbursed and that I must comply with the Administrative Procedures and my claim will be paid upon the approval of the appointed authority.

Employee Signature: _____

Date

Department Head Signature:_____

Date

PART B

EXPENSES: Attach copy of course completion and grades and all receipts for which you are seeking reimbursement to this form. Potential reimbursement payments will not be made without supporting documentation. The County Educational Assistance Program policy states all claims for reimbursement must be submitted within 60-days of satisfactory course completion.

I attest the above and attached information is accurate to the best of my knowledge.

Employee Signature:_____

Date

Department Head Signature:_____

Date