

# SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

## CLASSIFIED STAFF DEVELOPMENT PROGRAM

### APPLICATION FOR TUITION REIMBURSEMENT

<b>Name of Employee</b>	<b>Work Extension</b>	<b>Social Security #</b>	<b>Date</b>
<b>Division / Dept</b>	<b>Position</b>	<b>College / District Office</b>	<b>Months/Year</b>
<b>College / Educ. Program</b>	<b>Semester / Year</b>	<b>Location of Program</b>	<b>%FT</b>

<b>Education Program</b>					I request approval for the following course(s)				
<b>Course #</b>			<b>Course Title</b>	<b>College / School</b>	<b>Units Sem / Qtr</b>	<b>Date / Semester</b>			
<b>Graduate</b>	<b>Undergrad</b>	<b>Other</b>							

<b>Estimated Expenses</b>	
Tuition / Enrollment Fee	\$
Materials Fee	\$
Parking Fee	\$
Books	\$
Other (Specify: _____)	\$
<b>Total Estimated Expenses*</b>	\$

<b>Reimbursement Options (Check all that apply)</b>	
<input type="checkbox"/>	Tuition and related educational expenses
<input type="checkbox"/>	Professional Development Credits
If you are requesting an adjustment to your regular scheduled work hours, please specify request:	

<b>Describe how this coursework is related to your professional growth and your current District duties.</b>			
<b>Does the coursework listed lead to a degree / certification?</b>		<b>Yes                  No</b>	
<b>If yes, what degree or certification are you working towards?</b>		<b>Expected Date of Completion?</b>	
<b>I understand that I must submit proof of payment of tuition, fees, books and related expenses in addition to proof of satisfactory completion of approved coursework before I can be reimbursed.</b>		<b>Supervisor/Administrator Recommendation</b>	
		<b>Approved                  Denied</b>	
<b>Signature of Employee</b>	<b>Date</b>	<b>Signature of Supervisor</b>	<b>Date</b>