

Bargaining Unit:  OTBS  OSS  AIDES  CTA  PSWA  LT \_\_\_\_\_  
Job Title \_\_\_\_\_

**SUBMIT A SEPARATE APPLICATION FOR EACH COURSE**

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_  
Course Start Date: \_\_\_\_\_ Course Completion Date: \_\_\_\_\_  
Tuition Amount \$ \_\_\_\_\_ Estimated Books/Materials: \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
College/University/Other \_\_\_\_\_ Telephone \_\_\_\_\_

Provide a brief description of course and how it relates to your job/occupational area, or if it is part of a degree plan.  
CTA: You must be fully tenured. Tuition is not available to intern, provisional, or probationary status teachers. Courses need to be from an accredited college. Leadership Team (LT): Include a description of the program if it is to be applied toward a professional degree. Conferences, workshops and symposiums which fall on paid work days are not eligible for Tuition Reimbursement. These may qualify as professional development and may be covered by the employee's appropriate program funds. Please discuss with your Supervisor/Principal/Manager.

If I do not complete this course, I will notify Human Resources as \_\_\_\_\_ soon as possible in writing so that funds may be allocated to another employee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed only by OTBS/OSS/Aides/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: \_\_\_\_\_

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 \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name \_\_\_\_\_

FOR HUR H0(N RESO(a)-URH)6CES UH Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Employee Status:  Permanent  Probationary Signature: \_\_\_\_\_  Approved  Denied

Reason for Denial: \_\_\_\_\_

Distribution: Original : Human Resources Yellow: Bargaining Unit Pink: Employee  
Gold: Employee (return to HR at completion of course)