

Employee Name: _____ Department: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Work Phone: _____ Email: _____

Employee Group (please check one):

**Please note Associate Faculty must have class load for the semester they are applying for Tuition Reimbursement.*

Classified/FT Classified/PT Contract Faculty Associate Faculty* Management

SRJC Course: # _____ # of Units: _____

Semester/Year: Fall _____ Spring _____ Summer _____

How does this course relate to your current position/assignment, or advancement of skill building (brief statement)?

Reimbursement Amount Requested:

Number of Approved Units: _____

Maximum 6 units per semester

Enrollment Fee per unit: _____

Enrollment fees or portion of fees covered by other scholarships or waivers cannot be reimbursed under this program. Health fees are not included. Contact Accounting to waive the Student Health Fee.

Total Reimbursement Requested: \$ _____

Courses must be taken and completed with a **letter grade of C or higher to be eligible for reimbursement. Courses taken for P/NP are not eligible for reimbursement.** Upon completion of the above course(s), submit a copy of the final grade(s) to Human Resources in order to receive your Fee Reimbursement. Checks will be mailed directly to your home address (allow 4-6 weeks for payment). **All tuition reimbursement forms must be submitted by or within the current fiscal year.**

Classified Employees please fill out the following section:

Will you be utilizing release time? Yes _____ No _____

How many hours do you work per week? _____

Proposed Work Schedule (Include Lunch Breaks)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Classified/Management: Send to Direct Supervisor for Signature

Faculty/Associate: Send to Dean for Signature (Deans: Please provide a copy of the completed form to the appropriate Department Chair)