

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT**

**EDUCATIONAL ASSISTANCE REIMBURSEMENT**

The District shall maintain a fund for assisting unit members to pay for required tuition, fees, and textbooks to attend any work-related class at an accredited college or university. The fund shall be \$30,000 per year. Remaining money shall be rolled over to the next year but the maximum fund shall be not more than \$40,000. Educational Assistance may be used during a Staff Development Leave.

1. The worker shall provide evidence of successfully completing the class.
2. A worker may receive up to a maximum of \$1,000 per academic year.
3. Assistance shall be on a first come first serve basis, until the fund is depleted.

**Include official transcript verifying successful completion of the work-related class and receipts identifying tuition, fees and textbooks. Parking fees are not included.**

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**To Be Completed By The Employee:**

Employee Name _____	Last Four Digits of SSN _____
Job Title: _____	Phone: _____
Amount of Educational Assistance Requested: _____	Tuition: \$ _____
Date of Course(s): _____	Fees: \$ _____
Date Course(s) Completed: _____	Textbooks: \$ _____
	Total: \$ _____
Information on course(s): _____	
_____	
_____	

\_\_\_\_\_  
Employee Signature Date

**To Be Completed by the Administrator:**

I verify that this class is a work-related class.

\_\_\_\_\_  
Administrator's Name (please print) Administrator's Signature Date

\*\*\*\*\***(For Human Resources Use Only)**\*\*\*\*\*

\_\_\_\_\_  
Director, Human Resources Amount Reimbursed \$ \_\_\_\_\_

Processor: \_\_\_\_\_ Date of Reimbursement: \_\_\_\_\_