

Appendix G: Educational Assistance Application

Foothill-De Anza Community College District

EDUCATIONAL ASSISTANCE CONFIDENTIAL EMPLOYEES

Include official transcript verifying successful completion of the work-related class and receipts identifying tuition, fees and textbooks (parking is not included).

To Be Completed by the Employee:

_____	_____
Employee Name	Job Title
Amount of Educational Assistance Requested	Tuition \$ _____
	Fees \$ _____
	Textbooks \$ _____
	Total \$ _____

Date Of Course: _____

Date Course Completed: _____

Information on course: _____

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: _____