

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Office of Human Resources and Equal Opportunity

EDUCATIONAL ASSISTANCE
Teamsters/Local 287

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:

Supervisor Name

CWID

Job Title

Phone Number

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: _____