

# EMPLOYEE TUITION REIMBURSEMENT REQUEST FORM

## COUNTY OF SANTA CRUZ

To be eligible for the Santa Cruz County Employee Tuition Reimbursement Program, you must;

1. comply with the requirements and procedures set forth in Personnel Administrative Manual Section VIII.6.;  
and
2. complete this form in full; and
3. send this form and a copy of the course description, license/certificate information, or professional dues information to the Personnel Department.

Once you have been accepted for the Tuition Reimbursement Program, you will receive a completed copy of this form. Following your completion of the course or upon obtaining the non-required license/certificate, please submit an AUD-7B form to the Personnel Department with a dated grade certificate of completion of the course in question and proof of tuition or license/certificate fee payment. If the grade meets rule requirements for courses, your claim will be processed.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Course Title: \_\_\_\_\_

School: \_\_\_\_\_

License/Tuition Cost: \_\_\_\_\_

How will this course help you in your work as a County Employee? For licenses/certificates/dues, explain its relevance/value. For Professional Dues, explain its relationship to certification/licensure.

**REMINDER:**

For courses, you must attach a copy of the course description from the college catalogue.  
For licenses, you must attach a copy of the license/certificate and proof of payment.

I hereby certify that this course/license/certificate or these professional dues are not required for my position, not reimbursed by my department in any other way, and that I am not eligible for reimbursement from the County for course/license/certificate/dues under any other MOU provision. If I am reimbursed through this program and reimbursed for the same course/license/certificate/dues through my department, I will repay the full amount to the Tuition Reimbursement fund \_\_\_\_\_ (please initial).

I hereby certify that the above information is correct, that I will comply with the requirements for this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Approved by Training Task Force Date Date: \_\_\_\_\_