

## Tuition Reimbursement Application Human Resources

Name:		Department:				
Home Address:		(	City:	State:	Zip Code:	
Work Phone:		Email:				
Employee Group (please	•					
Classified/FT Classified	assified/PT 🔾	Faculty O	Adjunct C	Managemen	t	
SRJC Course: #				# of Units: _		
Semester/Year: Fall	Spring		Summer			
How does this course rela	ate to your job, o	r advanceme	nt of skill bui	lding (brief st	atement)?	
Reimbursement Am	•					
Number of Approve Maximum 6 units pe						
Enrollment Fee per Enrollment fees or port program. Health fees and Total Requested Rei Courses must be taken and cortaken for P/NP are not eligible	ion of fees covered by the not included. Con imbursement: \$_	by other scholars tact Accounting er grade of C o	to waive the S	s cannot be reimi tudent Health Fe	nbursement. Courses	
final grade(s) to Human Resour applicant's home address. Allo within the current fiscal year.	ow 4-6 weeks for pa					
pplicant Signature:				Da	ate:	
upervisor Signature:				Date:		
lassified/Management: Send aculty/Adjunct-Send to Dear epartment Chair)	•	_		ne completed for	m to the appropriate	
classified Employees pleas	se fill out the fo	llowing sect	ion:			
Will you be utilizing relea	ase time? Yes	No				
How many hours do you	work per week?					
Proposed Work Schedule	e (Include Lunch I	Breaks)				
Mon Tues	Wed	Thurs	Fri	Sat	Sun	