

COUNTY OF INYO
TUITION ASSISTANCE PROGRAM APPLICATION

You are required to complete all fields. Incomplete and late applications will not be processed.

2018 APPLICATION DEADLINE: JUNE 30, 2018
Maximum of \$555 per Unit - Maximum of \$3,330 Per Year

SECTION A

Employee Name

Department

Classification

Contact Phone

Date

EMPLOYMENT STATUS WITH THE COUNTY (check all that apply):

Permanent Probationary

Presently on leave (please specify)

TYPE OF DEGREE OR CERTIFICATION PROGRAM FOR WHICH TUITION ASSISTANCE IS SOUGHT (check all that apply)

AA BA MA MAJOR CERTIFICATE/COURSE (Describe)

OTHER (Describe)

STATUS:

Enrolled/Accepted : YES NO If "NO", have you submitted application? YES NO

When do you expect to be notified of enrollment status?

SECTION B

COURSE CONTENT

Describe how this course is related to your present or future work assignment and how it will enhance your work performance.

How will this prepare you for a higher position within the organization?

SECTION C

Name of University/School/Association

Course Title

No. of College Units/Credits

Beginning Date

End Date

Tuition Cost

****You must attach a course description that clearly defines the course along with verification of the fee****
Are you requesting book reimbursement for community college, undergraduate or graduate course(s)? YES NO

If "YES", please note that you will need to provide a book receipt upon completion of your course.

PRINT, SIGN and route hard copy for signatures.

I confirm that the above information is accurate and agree to attend the class/workshop in an off-duty status and utilize compensatory time off (or accrued leave other than sick leave) or a flexed work schedule.

Employee's Signature

Date

I certify that this employee will attend this course during his/her own time and that I approve this position-related/career development request.

Supervisors Signature

Date

DEPARTMENT RECOMMENDATION

Recommend Approval

Request Denied-Reason

Department Head-Signature_____

Date_____

PERSONNEL DEPARTMENT ACTION

Loan Assistant Amount
(Amount Cannot Exceed \$3,330 for 2018)

Request Denied

County Administrator/Personnel-Signature_____

Date_____