

**COUNTY OF INYO**  
**TUITION ASSISTANCE PROGRAM APPLICATION**

You are required to complete all fields. Incomplete and late applications will not be processed.  
Maximum of \$3,528 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/LICENSE (type)

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 \$3,528 for 2025)

Request Denied

County Administrator/Personnel-Signature\_\_\_\_\_

Date\_\_\_\_\_