



# EDUCATIONAL REIMBURSEMENT FORM

Submit approved original to CP-275 before taking classes.  
 Retain copy for your records.

**EMPLOYEE NAME:** \_\_\_\_\_

**TERM/YEAR:** \_\_\_\_\_

The course(s) is (are) related to:  current job duties  Reclass opportunities

The course(s) is (are) to fulfill objectives for:  Bachelor's  Master's  Ph.D.

| COURSE TITLE | UNITS | COST | GRADE |
|--------------|-------|------|-------|
|              |       |      |       |
|              |       |      |       |
|              |       |      |       |
|              |       |      |       |
| <b>TOTAL</b> |       |      |       |

Upon completion of the course(s), submit the following to receive your reimbursement: (1) a copy of original/approved Educational Reimbursement Form; (2) a copy of your fee receipt; and (3) your original grade report. The employee acknowledges, by signing below, that they have read and understood the ASC's Educational Reimbursement Policy.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The supervisor and chair/director approve, by signing below, that the employee may take the course(s) and will be reimbursed educational fees, from the ASC account indicated here: \_\_\_\_\_

**SUPERVISOR/DIRECTOR APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CHAIR/DIRECTOR APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HR MANAGER APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

|                                                 |
|-------------------------------------------------|
| <b>ASC Use Only:</b><br>Amt to be Reimbursed \$ |
|-------------------------------------------------|