

EDUCATIONAL ASSISTANCE

Tuition Reimbursement OR Transfer of Funds

Step 1 - Employee, please download (print) and complete (PRIOR to class):

Name: _____ Employee # (from timecard): _____ Home #: _____ -

Home Mailing Address: _____

Street

City

Zip

Department: _____ Job Title: _____ Work #: _____ -

Are you? SHC / LPCH Full-Time / Part-Time _____% CRONA Relief C or D SEIU License #: _____
Circle all that apply

Course Name: _____ Start Date: _____ Completion Date: _____

Registration Fee: \$ _____ Other Fees (Specify): \$ _____ TOTAL Requested: \$ _____

I understand it is my responsibility to pay for the course if I have no remaining educational assistance funds for the fiscal year.

Employee Signature: _____ Date: _____

Step 2 - Employee, please have your Department Manager complete (PRIOR to class):

Employee has completed the trial period? Yes / No Scheduled hours per pay period: _____ Cost Center #: _____

Fiscal Year 200 _____ Fiscal Year Limit: \$ _____ Fiscal Year Used to Date: \$ _____

Is this request is for? **Transfer of Educational Assistance Funds** (internal course)
Transfer from employee educational assistance account. Amount: \$ _____

Transfer of Department Funds (required internal course)
Transfer from cost center #: _____ Amount: \$ _____

Tuition Reimbursement Amount: \$ _____

Department Manager Signature Printed Name Date

Is this course part of a degree program? Yes / No If yes, please complete the following:

Name of Program: _____ Circle one: Undergraduate / Graduate

MANDATORY SIGNATURE of Vice President: _____ Date: _____

Step 3 -

Employee, to REGISTER for an INTERNAL class, fax this completed form (PRIOR to class), to the appropriate center: SHC—Center for Education and Professional Development: 650/ 725-9937

LPCH—Center for Nursing Excellence: 650/ 498-2651

-OR-

Employee, to request TUITION REIMBURSEMENT funds AFTER course completion:

Send completed documents to Mail Code 5512. Have you done the following?

- ✓ Attached acceptable proof of payment (ex. receipt, 2 sides of cancelled check, etc.)?
- ✓ Attached acceptable proof of course completion (ex. certificate of completion, transcript, etc.)?
- ✓ Completed each section on this form (including the Department Manager signature below)?

Department Manager Signature Printed Name Date

Approval by Human Resources:

Non-Taxable Taxable Reason: _____ Amount: \$ _____ Date: _____

HR Signature: _____ Printed Name: _____