SJC Educational Reimbursement Program
Employee Checklist

Please print, complete highlighted sections, and submit with your application.

Name: _____

- ☐ Fill out application completely

- ☐ Forward to <u>your</u> Department Appointing Authority or Designee for approval and signature

REQUIRED DOCUMENTATION (to be included with application):

For Degree Programs (AA, BA/BS, Masters etc.)

- ☐ Degree program requirements outline

- ☐ Class schedule (*must show dates of when class begins and ends*)

- ☐ Fee schedule (*must be current*)

- ☐ Syllabus (listing the required book if requesting reimbursement of required books for the class)

For Individual Courses (stand-alone courses, certificates program, License Renewal)

- ☐ Course title and description

- ☐ Class schedule (*must show dates of when class begins and ends*)

- ☐ Fee schedule (*must be current*)

SUBMISSION:

- ☐ Send original application and <u>all</u> required supporting documents to HR-Employee Development no later than <u>10 business days</u> after first official day of class.

AFTER SUBMISSION OF APPICATION:

- Employee will receive an email notification from HR-Employee Development within 10 business days from the date the application was received. Your email notification will state what final documents are needed after completing your course and your submission deadline. Write your deadline date below for your own records.

NOTIFY STAFF DEVELOPMENT IF:

- Employee has not received any notification from HR-Employee Development regarding status of application after 10 business days.

- There are any changes to your application (dropped/added class, name/address change, etc.)

AFTER CLASS ENDS: *No later than 60 calendar days after last official day of class*

Write down final deadline date to submit final documents: _____

- ☐ Submit grades/course completion – document must <u>include your full name</u>

- ☐ Submit payment verifications – document must <u>include your full name and payment method</u>

FOR ATTORNEYS WHO ARE REQUESTING REIMBURSEMENT OF BOOKS ONLY:

Submit application and payment verifications no later than 60 calendar days after the date the book was purchased.

If you have not received a check or a notification regarding the status of your reimbursement ***after*** Six (6) weeks of submitting your final documents, please email sjcengage@sjgov.org or contact Employee Development at 209-953-7563.

San Joaquin County
Educational Reimbursement Application

Applicant Information *(must be filled out completely)*

Name:		**Job Title:**	
Street:		**Employee ID #**	
City, Zip:		**Department:**	
Email Address:		**Work/Day Phone #**	
Enter work or home email address for confirmation letter.		**Memorandum of Understanding (MOU)**	

School:		**Begin Date:**	
Education Goals (Circle One) : Books only, Course, Certificate, License, A.A., Bachelors, Masters, PhD		**End Date:**	

List Course(s):

Course Fee:	**Tuition / Registration:**	$	**Books:**	$	**Total Requested:**	$

Describe the scope and content of the course(s) and briefly state the relationship between the content of this course and the occupational areas in which you believe this course will be of value to you and the department.

I have read and understand the directions. I also understand that reimbursement is subject to meeting specific terms.

Name (please print):	*Signature*	*Date:*

Applicant: Do not write below this line.

Department Appointing Authority

I believe the above course(s) ☐ will ☐ will not be beneficial to the employees job performance or promotional qualification. Participation in this course will not reduce the normal work or quality of the service to San Joaquin County and will not be during work hours.

Signature of Appointing Authority or Designee: _____ *Date:*

To: County Auditor Controller

I certify that the applicant has satisfactorily completed the above course(s). You are authorized to reimburse the employee in the amount of $_____.

Signature of Director of Human Resources or Designee: _____ *Date:*

Human Resources Division

Vendor #:   Voucher#:   Eligibility Letter Mailed: