

San Joaquin County

Educational Reimbursement Application

Applicant Information <i>(must be filled out completely)</i>							
Name:				Job Title:			
Home Address:				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 (Please Circle One) : Books only, Course, Certificate, License, A.A., B.A./B.S., 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) <input type="checkbox"/> will <input type="checkbox"/> will not be beneficial to the employee's job performance or promotional qualifications.							
By checking this box, I acknowledge and agree that participation in the above course must not occur on County time during paid working hours and must not reduce the normal work or quality of service to San Joaquin County. (Section 1701.11)							
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:			

Subject to availability of funds.

Revised 8/20/25

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