

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT  
Office of Human Resources and Equal Opportunity

**EDUCATIONAL ASSISTANCE  
UNIT 1**

The District shall maintain a fund for assisting unit members to pay for required tuition, fees, and textbooks to attend any work-related class at an accredited college or university. The fund shall be \$30,000 per year. Remaining money shall be rolled over to the next year but the maximum fund shall be not more than \$40,000. Educational Assistance may be used during a Staff Development Leave.

1. The worker shall provide evidence of successfully completing the class.
2. A worker may receive up to a maximum of \$1,000 per academic year.
3. Assistance shall be on a first come first serve basis, until the fund is depleted.

**Include official transcript verifying successful completion of the work-related class and receipts identifying tuition, fees and textbooks (parking is not included).**

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**To Be Completed By The Employee:**

Employee Name \_\_\_\_\_

Job Title \_\_\_\_\_

Social Security Number \_\_\_\_\_

Amount of Educational Assistance Requested      Tuition      \$ \_\_\_\_\_

Fees      \$ \_\_\_\_\_

Textbooks      \$ \_\_\_\_\_

Total      \$ \_\_\_\_\_

Date Of Course: \_\_\_\_\_

Date Course Completed: \_\_\_\_\_

Information on course : \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**To Be Completed by the Administrator:**

I verify that this class is a work-related class.

Administrator's Name (please print) \_\_\_\_\_

Administrator's Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\* (For Human Resources Use Only) \*\*\*\*\*

Director, Human Resources \_\_\_\_\_ Amount Reimbursed \$ \_\_\_\_\_

Processor \_\_\_\_\_ Date of Reimbursement: \_\_\_\_\_