

Yosemite Community College District
Application for Fee Reimbursement
Classified Staff/Community Education Courses

Note: Please review program features and eligibility criteria listed in Article 21.4.2 of the CSEA Agreement prior to completing application. Prior administrative approval is required.

A. Employee Information:

Name _____ Colleague ID # _____

Mailing Address: _____

Job Title/Site: _____

B. Course Information:

Course Title/Ref # _____ Fee _____

Course Description (please attach copy of course description as prepared by Community Education office).

Job relatedness (Please describe how the course has a "clear and direct connection" with improving your knowledge, expertise and job performance in your current assignment):

I have read program requirements listed on the reverse side and hereby request fee reimbursement following successful completion of the course.

Employee Signature Date

C. Review/Approval: *I hereby certify that this application meets all program requirements.*

Immediate Management Supervisor Date

College President or Vice Chancellor Date

Please forward approved application form to Human Resources c/o Lucy Munoz

Received by Human Resources _____ Fees Paid /Req. No. _____