City of Carlsbad

TUITION REIMBURSEMENT PROGRAM APPLICATION

FISCAL YEAR 2019/20

SUBMIT TO HUMAN RESOURCES BY FEBRUARY 15, 2019

EMPLOYEE NAME: _____ **EMPLOYEE ID #:** _____

INSTITUTION: _____ **DEPARTMENT:** _____

EDUCATIONAL ACTIVITY – Describe program or course, including course number if applicable; describe books and/or other expenses to be reimbursed.	**NUMBER OF CREDITS/ INSTRUCTION HOURS**	**COST**
TOTAL REQUESTED FOR FISCAL YEAR		**$**

Describe how training or education activity is related to your work or your development goals?

_____

_____

_____

_____

Is the educational activity part of a longer-term educational goal or program (e.g., degree or certificate)? If so, describe and indicate total expected cost and the expected time to complete.

_____

_____

_____

_____

ESTIMATED TOTAL COST OF EDUCATIONAL PROGRAM $ _____

DEPARTMENT DIRECTOR APPROVAL: _____ Date: _____

COMMENTS: _____

Employee Acknowledgment: *I understand and agree to comply with the terms and conditions of Administrative Order #60 Tuition Reimbursement Program*

Signature: _____ Date: _____