**A picture containing logo

Description automatically generatedFY25**

**ORGANIZATIONAL DEVELOPMENT DIVISION**

A Division of the City of Corpus Christi Human Resources Department. http://learningcc.org

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| STEP 1 - EDUCATION ASSISTANCE SUPERVISOR APPROVAL FORM  **NOTE: SUBMIT THIS FORM ONCE PER FISCAL YEAR. MUST BE SUBMITTED BEFORE STEP 2.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **EMPLOYEE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s Date: | | |  | | | | | | | | | Employee Start Date: | | | | | | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | **Must be employed at least 1 year** | | | | | | | | | | | | | | | | | |
| First Name: |  | | | | | | | | | | Last Name: | | | | |  | | | | | | | Employee ID#: | | | | | |  |
| Phone Number: | | | |  | | | | | | | | | Email Address: | | | | |  | | | | | | | | | | | |
| Department: | |  | | | | | | | | | | | | | | | | Job Title: | | |  | | | | | | | | |
| Employment Status: FULL TIME, Benefits Eligible PART-TIME, Benefits Eligible OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *please note Temporary employees are not eligible to participate in the tuition assistance program.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **EDUCATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Education Assistance: *(Select only one)* | | | | | | | GED / High School Diploma | | | | | | | | | | Associates Degree  Bachelor’s Degree | | | | | | | | | Master’s Degree  Doctoral Degree | | | |
| Type Of Degree (Major) or Certification: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| School name: | | |  | | | | | | | | | | | | | | School City & State: | | | | | |  | | | | | | |
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| **ALL APPLICANTS AND SUPERVISORS: READ THE INFORMATION BELOW CAREFULLY AND SIGN:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that if reimbursement for this course or program is approved that, upon presentation of adequate proof of successful course or program completion, I will be paid as qualified for the cost of eligible items. I also understand that this refund is subject to all applicable payroll-withholding requirements. I understand that I must apply for reimbursement within forty- five (45) days of receipt of my grades for the course or program. I understand that if I am receiving financial assistance for education or technical training under a federal or state grant/entitlement or scholarship the reimbursement by the City, when added to the other benefits received, will be limited to a total of 100% of eligible expenses. If I am receiving any such assistance I will submit along with my reimbursement request, paperwork detailing the assistance I am receiving to ensure my reimbursement does not exceed 100% of eligible expenses. I understand that failure to provide this information could constitute business fraud and result in disciplinary action up to and including termination. Further I understand that if I leave the City within one year after completion of the course or program that I will be required to repay funds provided by the City on my behalf, as outlined in the procedure. I authorize this deduction to come from my final paycheck, or if there are insufficient funds in my final paycheck, I agree to provide cash or money order for the balance of the total amount. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***By signing below, I certify that I have received, read, understand, and agree with the criteria outlined above.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Signature: | | | | |  | | | | | | | | | Date: | | | | |  | | | | |  | | |  | | |
|  | | | | |  | | | | | | | | |  | | | | |  | | | | |  | | |  | | |
| **Supervisor Approval Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor Name: | | | | |  | | | | | | | | | Signature: | | | | |  | | | | | date: | | |  | | |
| **SUBMIT COMPLETED FORM TO LEARNINGINSTITUTE@CCTEXAS.COM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **HUMAN RESOURCES AUTHORIZATION –** Additional authorization will be required at time of reimbursement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Human Resources Decision: | | | | | | 🞎 Approved  🞎 Denied | | | | Reason for Decision or Other Comments: | | | | | | |  | | | | | | | | | | | | |
| Human Resources Authorization Name: | | | | | |  | | | | | | | | | Signature: | | | |  | | | | | | Date: | | |  | |
|  | | | | | |  | | | | | | | | |  | | | |  | | | | | |  | | |  | |