



CITY OF CORPUS CHRISTI LEARNING INSTITUTE

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

FOR HUMAN RESOURCES STAFF USE ONLY
Decision: Approved Denied
Verify Grade: _____
Funded Amount: _____

EDUCATION ASSISTANCE REIMBURSEMENT FORM

NOTE: SUBMIT ONE (1) FORM PER COURSE

EMPLOYEE INFORMATION

TODAY'S DATE: _____
FIRST NAME: _____ LAST NAME: _____ EMPLOYEE ID#: _____
DEPARTMENT: _____ EMAIL: _____ PHONE: _____
MAILING ADDRESS FOR REIMBURSEMENT CHECK: _____

COURSE INFORMATION (SUBMIT ONE (1) FORM PER COURSE)

COURSE NAME: _____ COURSE NUMBER: _____ COURSE END DATE: _____
GRADE: A B C D E PASS FAIL OTHER YES NO
*ANY FINANCIAL ASSISTANCE RECEIVED? IF YES, PROVIDE AMOUNT: _____

**If financial benefits / assistance from VA, Social Security, Vocational Rehabilitation Welfare or other such services was received, please provide complete information to include specific dollar amounts.*

ACTUAL EDUCATION COSTS (RECEIPTS AND SUPPORTING DOCUMENTS MUST BE ATTACHED)

TUITION: \$ _____ BOOKS: \$ _____
FEES: \$ _____ OTHER: \$ _____

TOTAL REIMBURSEMENT REQUEST FOR COURSE: \$

EDUCATION ASSISTANCE AWARDS ARE EVALUATED AND AWARDED BASED ON THE EMPLOYEE'S SUPPORTING DOCUMENTS AND CONTINGENT UPON TUITION ASSISTANCE BUDGET FUNDS AVAILABILITY.

SUBMISSION CHECKLIST

PLEASE ATTACH THE FOLLOWING DOCUMENTS THAT APPLY TO YOUR REQUEST FOR EDUCATION ASSISTANCE REIMBURSEMENT

RECEIPTS FOR TUITION: ATTACHED N/A
RECEIPTS FOR FEES: ATTACHED N/A
RECEIPTS FOR BOOKS: ATTACHED N/A
RECEIPTS FOR OTHER ITEMS: ATTACHED N/A
PROOF OF GRADE: ATTACHED N/A

HUMAN RESOURCES AUTHORIZATION – Below to be completed by the Human Resources Department after completion of the course or program. A refund in accordance with the City of Corpus Christi's current educational assistance policy is authorized to be made to the above named employee.

HUMAN RESOURCES DECISION: APPROVED REASON FOR DECISION _____
 DENIED OR OTHER COMMENTS: _____

ACCOUNTING DISTRIBUTION FOR ACCOUNTS PAYABLE:

TO BE PAID FROM ACCOUNT #: **514000 - 1020 - 11415 - 214** AMOUNT: \$ _____
ACCOUNT NUMBER - FUND CODE - UNIT - MISSION ELEMENT

AUTHORIZATION FOR PAYMENT NAME: _____ **SIGNATURE:** _____ **DATE:** _____