**FY23**

**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.**  |
|  |  |  |  |  |  |
| **EMPLOYEE INFORMATION** |
| Today’s Date: |  |  Employee Start Date:  |  |
|  |  |  **Must be employed at least six months**  |
| 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.* |
|  |  |  |  |
| **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: |       |
|  |  |
| **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: |  |
|  |  |  |  |  |  |