



CITY OF COACHELLA

EDUCATION REIMBURSEMENT REQUEST (FORM A)

(Requests for reimbursement must be submitted and approved **PRIOR** to enrolling in a course or applying for a certification, license or renewal)

EMPLOYEE NAME: _____

DATE: _____

DEPARTMENT: _____

NAME OF COURSE/ CERTIFICATE/LICENSE:	ATTENDANCE DATES:	COST OF TUITION	COST OF BOOKS	OTHER
				TOTAL COST:

Please explain how this course(s) will enhance your job related performance:

Employee Signature

Date

A. FOR DEPARTMENT DIRECTOR:

Approved: Yes _____ No _____ (if no, state reason) _____

Department Director/Supervisor Signature

Date

B. FOR HUMAN RESOURCES

Request is for what Fiscal Year?	
Has employee received reimbursement previously during this Fiscal Year?	Yes _____ Amount: \$ _____ No: _____
Amount eligible to be reimbursed for this request:	
<i>Human Resources Signature:</i>	
<i>Date:</i>	

C. FOR CITY MANAGER APPROVAL:

City Manager Signature

Date