UC ANR Staff Assembly Educational Reimbursement Application

Please type or print clearly.

Complete bothpages of the application form.

Name:		Phone:	
Department:			
Payroll Title (Career employe	es only):		
Date completed probationary	period:		
Mailing Address:			
Provide the following informat	ion for ea	ch course, seminar, or conference	you completed:
Title:			
Description (you may attach a	a copy of	official program description):	
			
Description (you may attach a	a copy of o	official program description):	
Data(a) attanded:			
Date(s) attended:			
Total Cost of course/seminar/	conference	ce:	
		d incidental expenses are not eligit	ole for funding consideration.
Tuition	_		, and the second
Registration Fee	\$		
Books	\$		
Materials	\$		
Other Expenses	\$		
TOTAL			
Total requested for a	ll training	combined (not to exceed \$499):	\$
011 (11	Φ.	0 "	
Other funding source	s \$	Specity:	
Education/Development goals	3:		
High School Diploma		Certificate Program	Associate's Degree
Professional Development		Bachelor's Degree	Master's Degree
Ph.D.		Other (specify)	_
Ph D			

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How did this course/seminar/conference assist you in enhancing your cu	urrent job skills for advancement
opportunities or career change within the university system? Be specific	and explain the benefit and relationship
to your career goals.	
What additional development activities/endeavors have you undertaken professional goals?	pertinent to your education or
Applicant's signature:	Date:
Supervisor signature:	Date:
Supervisor: By signing this you confirm that the applicant has passed standing.	probation and is an employee in good

DEADLINE: Close of business of each cycle (April 15th and October 31st).

Attach receipts for all eligible paid expenses and proof of successful completion (i.e., grade report, transcript, certificate, etc.) to this application. Applications received without all required documentation will be returned.