

**CITY OF LONG BEACH  
APPLICATION FOR EDUCATION ASSISTANCE**

**APPLICANT INFORMATION**

FULL NAME \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 DEPT/DIVISION \_\_\_\_\_  
 POSITION TITLE \_\_\_\_\_  
 POSITION TYPE  Perm Full Time  Perm Part Time  
 LABOR ASSOC  ACE  AEE  IAM  IBEW  SEIU

NOTE TO APPLICANT: Approval of this application does not guarantee the tuition reimbursement. Reimbursement is subject to meeting the criteria for reimbursement AND completion of all forms and documentation. Submit completed form to your direct supervisor for their review.

\_\_\_\_\_  
 APPLICANT SIGNATURE DATE

**\*Applicant must submit course descriptions and tuition costs with this application to the supervisor**

**COURSE INFORMATION**

COLLEGE/UNIVERSITY/VOCATIONAL/TRADE SCHOOL  
 NAME \_\_\_\_\_  
 TERM BEGINS \_\_\_\_\_  
 TERM ENDS \_\_\_\_\_  
 SEMESTER  QUARTER  OTHER \_\_\_\_\_  
 UNDERGRADUATE  GRADUATE  OTHER \_\_\_\_\_

COURSE NO	COURSE TITLE*	UNITS *	FEES

UNIT FEE TOTAL \$ \_\_\_\_\_

Reason for request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employee Eligibility Criteria:**

- Complete and submit required forms to the department for approval:
  - Application for Education Assistance Program, submitted within 30 days of the start of course.
  - Education Assistance Program Reimbursement Form, submitted within 30 days after completing the course.
- Both forms and required documents must be approved in order to be reimbursed.
- Complete courses with grade "C" or better in undergraduate studies or grade "B" or better in graduate studies or "Pass". A withdraw or incomplete course will not be reimbursed.
- Courses from accredited colleges/universities/vocational/trade school/certificate programs will be reimbursed. Courses from certificate programs not already paid by the City of Long Beach will also be reimbursed.

**SUPERVISOR APPROVAL**

I reviewed the Application for Education Assistance, course descriptions and tuition costs and determined that the course(s) mentioned in this application is career related.

**APPROVED                      NOT APPROVED**

Justification for decision above: \_\_\_\_\_  
 \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**\*Supervisor must provide the employee and department's Administrative Officer with a signed copy of this form.**

