

Education Assistance Program Request Form

City of South Padre Island 4601 Padre Blvd. South Padre Island, TX 78597 Phone: (956) 761-8102 Fax: (956) 761-3888

To be completed and turned into Human Resources prior to enrolling for class(es).

Section I: Employee Information				
Employee Name:	Department:			
Job Title:	0			
Semester Applying For:				
Name of Institution Offering Course:				
Degree Plan:				
Class / Course Title:			Location:	
Class / Course Title:				
Class / Course Title:				
Is this course(s) job-related? Yes No Please explain relation to job:	☐ Yes	□ No		
If yes, please identify the degree: Will you receive financial assistance for your courses from other sour If yes, please identify the source(s):	rces?	□ No		
If yes, please identify the degree: Will you receive financial assistance for your courses from other sour	equesting to be rein	nbursed and the	at I do not qualify to be reimburse	

Forward to department director for signature and approval process.

Section II: Departmental Approval Process				
I approve disapprove reimbursement for this course(s).				
Department Director's Signature	Date			
Forward to City Manager for signature and approval process.				
Section III: City Manager Approval Process				
I approve disapprove reimbursement for this course(s).				
City Manager Signature	Date			
Forward to Human Resources Division for processing.				
Section IV: For Human Resource Use				
Reimbursement: Approved: Fiscal Year () in the amount of \$ Disapproved: No reimbursement will be paid.				
Administrative Services Director Signature	Date			
If your course(s) are approved, please submit the following to Human Resources within 30 days from disapproved, no reimbursement will be paid.	n the end of the course term. If			
☐ Itemized statement of tuition and fees.				
Proof of payment which shall consist of an itemized receipt.				
Official grade report or transcript.				
Completed City Expense Report.				