



CITY OF OXNARD  
TUITION REIMBURSEMENT APPLICATION  
(SEIU)

**MUST BE APPROVED BEFORE CLASS REGISTRATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT/DIVISION \_\_\_\_\_ POSITION \_\_\_\_\_

COURSE AND TITLE NO. \_\_\_\_\_

SCHOOL \_\_\_\_\_ DATE STARTS \_\_\_\_\_ ENDS \_\_\_\_\_

APPROXIMATE COST OF TUITION/BOOKS: \_\_\_\_\_

BRIEF DESCRIPTION OF CONTENT:

How will this course benefit the City and your work with the City?

What is your educational objective?

I have read and understand the tuition reimbursement policy.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Department Director Signature Date

**Human Resources Department Use Only:**

Employee is **Approved/Denied** for tuition reimbursement of 100 percent up to \$1000 per fiscal year upon submission of proof of successful completion of this approved course(s) and proof of payment.

\_\_\_\_\_  
Human Resources Director Date

**Distribute copies to:**

- 1. Personnel File
- 2. Department Director
- 3. Employee