

Residential and Student Service Programs
Educational Enrichment Program
REQUEST FOR FUNDS APPLICATION

NAME _____ DATE OF HIRE _____
UNIT _____ TITLE _____
EMPLOYEE ID # _____ SOCIAL SECURITY # _____
MAIL REIMBURSEMENT _____

NAME OF COURSE(S) AND/OR MATERIALS _____

CHECK ONE: _____ Career Related _____ Position Related

DATES AND TIMES OF COURSE(S) (If Known): _____

REQUESTING REIMBURSEMENT FOR:

(Check all that apply)

_____ COURSE _____ MATERIALS _____ FEES

REQUESTING: _____ Time off without pay _____ Compensatory time
_____ Time off with pay _____ Other (explain)

TOTAL COST OF COURSE(S), MATERIALS, FEES _____

Supervisor's approval required if requesting time off work and/or pay to attend course. Supervisor's approval not required if course is completed during personal time.

Applicant's signature

Date

Supervisor's approval

Date

Please do not write below this line

* * * * *

Program Coordinator's approval

Date

Amount Approved

Please submit receipts and proof of course completion to:
Jessica Collins, RSSP Human Resources
2610 Channing Way #2272, Berkeley, CA 94720-2272