

EDUCATIONAL ASSISTANCE

Transfer of Funds for Internal Courses

Step 1 – Employee, please download (print) and complete (PRIOR to class):

Name: _____ Employee # (from timecard): _____ Home #: _____

Home Mailing Address: _____
Street City Zip

Department: _____ Job Title: _____ Work #: _____

Are you (Circle all that apply)? SHC / LPCH Full-Time/Part-Time ___% CRONA Relief C or D SEIU

License #: _____

Course Name: _____ Start Date: _____ Completion Date: _____

Registration Fee: \$ _____ Other Fees (Specify): \$ _____ TOTAL Requested: \$ _____

I understand it is my responsibility to pay for the course if I have no remaining educational assistance funds for the fiscal year.

Employee Signature: _____ Date: _____

Step 2 – Employee, please have your Department Manager complete (PRIOR to class):

Employee has completed the trial period? Yes/No

Scheduled hours per pay period: _____ Cost Center #: _____

Fiscal Year 201_____ Fiscal Year Limit: \$ _____ Fiscal Year Used to Date: \$ _____

Is this request is for?

Transfer of Educational Assistance Funds

Transfer from employee educational assistance account. Amount: \$ _____

Transfer of Department Funds (Required)

Transfer from cost center #: _____ Amount: \$ _____

Department Manager Signature

Printed Name

Date

Step 3 – Employee: Please fax completed form to the following PRIOR TO CLASS:

INTERNAL class sponsored by **SHC** Center for Education and Professional Development: **650-725-9937**.

INTERNAL class sponsored by **LPCH** Center for Nursing Excellence: centerfornursingexcellence@lpch.org or mail to M/C 5895 (please note, we no longer have a fax machine in our office)

INTERNAL class sponsored by other departments: fax number indicated on the registration form.

Department Manager Signature

Printed Name

Date
