Yosemite Community College District
PEP Fund Application

For Fiscal Year _____   (PEP Reimbursement limit is up to $2,000 per fiscal year)

Employee Name: Colleague ID:

_____   _____

Position Title: Department:

_____   _____

Degree Program Information (attach supporting documentation):

Name of Educational Institution: _____

Type of Degree: __ Bachelor's Degree   __ Master's Degree   __PhD

Degree Program (i.e. Business, IT): _____

Course Fee Reimbursement Information (attach supporting documentation):

1. _____   _____   _____
   Course Ref. #   Name of Course   Units

2. _____   _____   _____
   Course Ref. #   Name of Course   Units

Other PEP Reimbursement:
If other than coursework reimbursement (such as conference, certification exam, etc., please provide description and attach supporting documentation:

TOTAL REIMBURSEMENT (not to exceed $2,000per Fiscal Year): $ _____

Signature:

_____   _____
Employee   Date   Supervisor   Date

_____
College/District Cabinet Officer   Date