

**S. D. Bechtel, Jr. Foundation
CAREER DEVELOPMENT FUND
Application**

To apply for educational assistance under the Career Development Fund (CDF), please follow these steps:

1. Complete this application and attach descriptive supportive information regarding the course or degree program you wish to enroll in.
2. Meet with your manager to discuss your educational assistance application. If your manager agrees that your request meets policy guidelines and budgetary restrictions, he or she will grant preliminary approval and sign the form.
3. Give the signed form to your director for review and signature.
4. Submit the original, signed form to HR for final review.

If the application is approved, the Foundation will pay, upon receipt of the providing institution's invoice, the course's tuition and fees. If there is no invoice, you will pay tuition and fees directly to the institution.

Taxable CDF reimbursements will be included with your paycheck and will be subject to the payroll tax withholdings. The Foundation will make a good faith determination on the taxable nature of CDF payments.

For reimbursement, please use the Foundation's Expense Report form to submit tuition and fee receipts and a copy of your course completion report to HR. Successfully completed courses will be approved by HR for reimbursement.

(Text fields will expand as you type.)

Name: Title:

Your program area or department:

Course/Activity Name(s):

Course/Activity Dates Degree sought (if applicable):

If degree program, estimated time period for completion:

Name of institution or training provider:

Address:

Course Expenses:

Tuition: Fees:

Registration: Total:

Development Objective (What long-term goal is this program/course intended to help you reach? How is this related to your career goals?):

Value of Degree Program/Course to S. D. Bechtel, Jr. Foundation (optional):

I understand that if this request is approved, reimbursement will be contingent upon successful completion (a grade of C or better, where applicable, or attendance of all course meetings) of the course and submission of all receipts and paid bills within sixty days thereafter. I further understand that failure to successfully complete any course(s) will result in monies owed to the S. D. Bechtel, Jr. Foundation.

| | | |
|--|---------|--------|
| I will pay the cost directly and submit an expense report for reimbursement. | { } Yes | { } No |
| | { } Yes | { } No |

The Foundation will pay the institution directly and I will provide the payment information.

Staff member name: _____ Date: _____

Staff member signature: _____

Manager Review and Approval

This application is: _____ { } Approved { } Not approved

Reason: _____

Manager Signature: _____ Date: _____

HR Director Review and Approval

Does this application meet the guidelines of the Program? { } Yes { } No

Is the proposed expense within the applicant's Program allowance? { } Yes { } No

This application is: _____ { } Approved { } Not approved

HR Director Signature: _____ Date: _____

HR Approval of Payment to Institution

HR approves payment of the institution's invoice in the amount of \$ _____

Enter the expense against Program allowance for _____

HR Director Signature: _____ Date: _____

HR Approval of Reimbursement to Staff Member

(after successful completion of course or in some circumstances, before)

HR approves the reimbursement of course tuition and fees in the amount of \$ _____

Enter the expense against Program allowance for _____

HR Signature: _____ Date: _____

Staff member notified of approval ____ By: _____ Date: _____