



**FLORIDA CLERKS OF COURT
OPERATIONS CORPORATION**

2560-102 BARRINGTON CIRCLE ✓ TALLAHASSEE, FLORIDA 32308 ✓ PHONE 850.386.2223 ✓ FAX 850.386.2224 ✓ WWW.FLCCOC.ORG

**CCOC Education Assistance Program
Pre-Approval Request**

Employee Name: _____

Degree sought: _____

Institution: _____

Term: _____ Course: _____

Relevance to current position:

Executive Director Pre-Approval: _____

Reimbursement Request

- Maximum \$1,500 per fiscal year for undergraduate courses
- Maximum \$4,500 per fiscal year for graduate-level courses

Requested reimbursement: _____

Course Grade: _____

Please attach the following:

1. Receipt of tuition payment
2. Class schedule
3. Course syllabus
4. Unofficial transcript with final grade

Executive Director Post-Term Approval: _____