



**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: _____ Title: _____

Degree: _____ Institution: _____

Term: _____ Course: _____

Relevance to current position:

Employee Signature: _____ Date: _____

Executive Director Approval: _____ Date: _____

Reimbursement Request

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

Received in current FY: \$ _____ Requested amount: \$ _____

Course Grade: _____

Please attach the following:

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

Employee Signature: _____ Date: _____

Executive Director Approval: _____ Date: _____