

San Mateo County Behavioral Health and Recovery Services

REQUEST FOR EDUCATIONAL LEAVE WITH PAY

EMPLOYEE NAME _____ DATE OF EMPLOYMENT _____

Classification _____ Status _____

This request is for* Education Leave Home Study Directed Training
 Education leave for taking exams or medical boards
 Education leave for taking clinical license course - License Category: _____

* **NURSES:** When requesting tuition reimbursement, must also complete Request for Tuition Reimbursement form.

Name of proposed course of study _____

To be given at _____

Beginning Date _____ End Date _____

Course Coverage _____

In what ways do you believe this course will enhance your work performance or be of value to the County?

Employee Signature

Date

Supervisor Signature

Date

Department Head

Date

White: Human Resources

Yellow: Mental Health Personnel

Pink: Employee