

## REIMBURSEMENT FOR CONTINUING EDUCATION EXPENSES

*All staff RN's and Profession/Technical employee's shall be allowed a specified amount (per contract and/or policy) per calendar year (prorated for part-time employees) to use for work-related educational opportunities and related expenses, i.e. reimbursement for tuition and salary. Expenses more than 90 days old will not be reimbursed.*

### SECTION A:

RN       Professional/Technical

Name (Last, First): \_\_\_\_\_ Employee #: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### SECTION B:

#### ***Expense Reimbursement (Does not require supervisory approval):***

Please identify below the educational expenses for which you are requesting reimbursement. You must attach proof of payment (original itemized receipt, or credit card statement) to this reimbursement request.

TYPE OF EXPENSE INCURRED	AMOUNT
	\$ _____ .
	\$ _____ .
	\$ _____ .
	\$ _____ .

#### ***SALARY REPLACEMENT (Requires supervisor's approval):***

**Note:** *Do not record these hours on your payroll timesheet. These hours will be processed from this reimbursement request.*

Title of Class/Seminar: \_\_\_\_\_

Date of Attendance: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Supervisory Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby apply for reimbursement for work-related educational expenses that I have incurred. I have not recorded these hours on my timesheet.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Submit completed reimbursement request to Human Resources at MS : 315-M2-HR*