

CLASSIFIED STAFF DEVELOPMENT REIMBURSEMENT OR ADVANCE PAYMENT FORM
(One request per form - please complete the appropriate section)

Employee Name: _____

Work Location: _____

Position: _____

Supervisors' approval _____
(If during normal work hours, name and title)

REIMBURSEMENT REQUEST

ADVANCE PAYMENT REQUEST

Name of Class: _____

Name of Class: _____

Date(s) attended: _____

Date(s) of Class: _____ Amount: \$ _____

Presenter or Sponsor: _____

Presenter or Sponsor: _____

Reimbursement amount requested: \$ _____

Check payable to: _____

Required attachments:

Required attachments:

Please mark items you have included:

Please mark items you have included:

_____ Certificate or proof of attendance

_____ District travel form

_____ Receipt indicating payment for class

_____ Any forms necessary to include with advance payment

I attest that I have attended the above class/training and am eligible for reimbursement.

I agree to send documentation showing completion of training and travel form reconciliation to the Business Office as soon as possible following completion of the class/workshop.

Employee Signature Date

Employee Signature Date

LABOR MANAGEMENT TEAM USE ONLY:

Date received: _____ Date information sent to Personnel Office: _____

Approved amount: _____ Approved by: _____ Date check was sent to employee or workshop _____