

**CLASSIFIED STAFF DEVELOPMENT REIMBURSEMENT OR ADVANCE PAYMENT FORM**  
(One request per form)

**Employee Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Supervisor Approval (if during normal work hours):** \_\_\_\_\_

REIMBURSEMENT REQUEST	
Name of Class:	_____
Date (s) Attended:	_____
Presenter or Sponsor:	_____
Reimbursement Amount Requested:	_____
Required Attachments:	
Certificate or Proof of Attendance:	_____
Receipt Indicating Payment for Class:	_____
I attest that I have attended the above class/training and I am eligible for reimbursement.	
Employee Signature:	_____
Date:	_____

ADVANCE PAYMENT REQUEST	
Name of Class:	_____
Date (s) Attended:	_____
Presenter or Sponsor:	_____
Advance Payment Requested:	_____
Check Payable to:	_____
Required Attachments:	
District Travel Form	_____
If Outside Jackson County:	_____
Any Forms Necessary to Include With Advance Payment:	_____
I agree to send documentation showing completion of training and travel form reconciliation to Human Resources as soon as possible following completion of the class/workshop. If I fail to attend class, I will repay within 90 days. If I fail to repay, my paycheck will be docked. If I cancel, I will notify the district and repay within 90 days.	
Employee Signature:	_____
Date:	_____

LABOR MANAGEMENT TEAM USE ONLY:	
Date Received:	_____
Date Sent to Human Resources:	_____
Approved Amount:	_____
Approved by Association:	_____
Date Check Sent to Employee Or Workshop:	_____
Approved by District:	_____