

Division of Information Technology
REQUEST FOR REIMBURSEMENT FOR PROFESSIONAL CERTIFICATION

This covers all regular full-time IT employees interested in pursuing professional certifications related to her/his job function. This form does not address the provision or acquisition of training and/or training materials. (See your manager to determine if training or training materials can be made available.) Total annual reimbursement is limited by the amount of money budgeted for the program's implementation.

PART 1. Certification Exam information (to be completed by employee)

Name of certification: _____ Date of exam: _____
Employee name: _____ Job title: _____
Costs for completion: _____
Description of certificate relation to job: _____

Part 2. Employee Acknowledgement

Must be read before signing

The employee acknowledges and agrees that reimbursement is governed by the relevant IT policy in effect at the time of the request.

I agree to the above statement:

Employee signature

Date signed

Part 3. Prior Approval (to be completed by the appropriate Director)

Relevant to current job assignment? ☐ YES ☐ NO

Director's signature *certifying prior approval*

Date:

X _____

Costs approved: _____ Exam costs _____ Org # _____

This document should be maintained in the employee's department file.

Part 4. Reimbursement Approval (to be completed by appropriate Director)

1. Prior approval received?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Proof of successful completion?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Receipt attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Proof of exam date?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Employee acknowledgement signature above?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Reimbursement approved?	<input type="checkbox"/> YES <input type="checkbox"/> NO

X _____

Director's signature authorizing payment
signed

Date

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AN EMPLOYEE REIMBURSEMENT FORM WILL NEED TO BE PROCESSED FOR PAYMENT.
PLEASE SUBMIT THIS FORM, WITH SUPPORTING DOCUMENTS TO THE IT EXECUTIVE
SECRETARY.