

St. Clair County Community Mental Health Authority
Request for Tuition/Training/Endorsement/Certification Reimbursement

Staff Name:

Supervisor:

Field of Study/Program:

College/University/Institute:

Semester/Program End Date:

Date of Request:

Amount requested: \$

I am requesting reimbursement for successful completion of approved tuition, training, endorsement, or certification. Please find attached (as applicable):

- Invoice/proof of payment
- Transcript/Evidence of 3.0 grade point or 80% (B), or better
- Certificate
- Other:

Upon approval, payment will be direct deposited for staff who are currently established for such in the accounts payable system (this does not mean ADP). For those who are not established for direct deposit, please indicate preference below:

- ☐ Mail payment to the home address indicated in my ADP profile
- ☐ I will contact Heather Feher (hfeher@scccmh.org /x7881) and make arrangements to pick up payment at CMH Administration

NOTE: An approved Application for Tuition Reimbursement or Application for Training/Endorsement/Certification **and** a Repayment Agreement must be completed and on file with Human Resources prior to submitting any request for reimbursement.

Please reference Policy 06-002-0025 Personnel: Tuition/Training/Endorsement/Certification Reimbursement Agreement for details.

☐ Approved ☐ Denied

Executive Director/Designee Signature

Date

**Submit this form to Jody Kruskie in Human Resources
for verification and processing**