



# Education Department

Phone: 650-573-2640 | Fax: 650-573-3636 | Pony: HOS316IE

## Continuing Education Reimbursement Form

Please note that it is your responsibility to ensure you have sufficient funds in your Education bank before requesting reimbursement. The Education Department will only cover the amount in left in your account.

In addition to this form, please provide the education department with: (1) A completed "Demand on the Treasury Form", (2) Copy of the cancelled check (front/back) or other payment receipt, and (3) Copy of CEU/College grade or attendance report

### Employee Information

Employee ID #: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Last First Middle

Job Title: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

RN  NP  Full-Time  Part-Time: \_\_\_\_\_ % (Per Diem/Extra Help Not Eligible)

### Course Information

Course Title: \_\_\_\_\_

Tuition Cost: \$ \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#CEU: \_\_\_\_\_ Provider #: \_\_\_\_\_

### Authorization

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

Department Manager: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Submit to Education Department Only When Requesting Reimbursement

Charge Department:  Education  Ext. Org #: \_\_\_\_\_

Amount Payable: \$ \_\_\_\_\_

\_\_\_\_\_  
Director of Education (or Designee) Signature

\_\_\_\_\_  
Date

SMMC_EDUCATION	TITLE: EDUCATION DEPARTMENT CE REIMBURSEMENT FORM		
EXTERNAL	VERSION: 1.0	DATE: 06/28/2015	PREPARED: EDUCATION DEPARTMENT
PAGE 1 OF 1	DOCUMENT REF: CERF-15-01/ED2, V.1.0		AUTHORIZED: DIRECTOR OF EDUCATION