



Support Staff Employee
Request for Reimbursement of Class(es)
Taken at a Community College

EMPLOYEE SECTION PLEASE COMPLETE:

Employee Name: _____ ID #: _____
(First) (Last)

Date: _____ Term: _____ 20 ____

I took the following class(es) during the above term:

Table with 3 columns: Line Number, Course Name, Credit Hours. Contains 3 empty rows for data entry.

The cost of the course(s) was \$ _____

I hereby request reimbursement for 50% of the bill, which is \$ _____.

[] I certify that the course(s) were not available at SVSU during the semester taken. -OR-

[] I certify that the course was taken to upgrade my work

REGISTRAR'S SECTION:

I hereby certify that _____ passed the above class(es) with a grade of a "C" or better.

Signature: _____ Date: _____
(Registrar or Assistant Registrar of the Community College)

In lieu of the certification by the Registrar of the Community College, you may attach a grade report reflecting a "C" or better.

SUPERVISOR APPROVAL:

Approved for payment by Supervisor: _____

Date: _____ Account Number: _____

Send Completed Form to Human Resources – Wickes Hall 373