**FY 2020 TRAINING & CAREER LADDER EMPLOYEE REIMBURSEMENT FORM**

Instructions: Eligible employees complete this form and submit to designated **Union personnel** and attach proof of payment. For licenses, please submit copy of current license and receipt of payment. For all other expenditures, provide receipt of payment showing date and amount paid. If more than one expenditure, please submit a separate form for each expenditure.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Name:** | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Bargaining Unit:** | |  | | | | | | | | **Employee ID:** | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Type of Expenditure (Check one):** | | | | |  | | License | |  | | Training | |  | | Other | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Amount of Expenditure:** | $ | | | **Date of Expenditure:** | | | | / / | | | | **Date Submitted to Union:** | | | | / /2020 | | |
|  | | | | | | | | | | | | | | | | | | |
| **Description of Expenditure:** | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | |
| **Date Processed:** | | | **/ /**2020 | | | **Documentation Attached:** | | | | | | | |  | Yes | |  | No |

***SUBMISSION MUST BE RECEIVED NO LATER THAN NOVEMBER 6, 2020***