



American Senior Certification Reimbursement Request Form Communities

Complete separate request form for each certification

Employee Name: _____ Employee ID: _____

Date of Hire: _____ Status: _____ Job Title: _____

Facility Name/Number: _____ Date of Request: _____

Educational Institution/Vendor: _____

Certification Program:

Start Date: _____

End Date: _____

Maximum annual reimbursement is \$500; see Certification Reimbursement Policy for requirements for application and reimbursement.

Direct Deposit - Must attach a cancelled check or an authorization letter form your bank to your request.

Employee Signature:* _____ **Date:** _____

**By signing, you acknowledge you have read and understand the Certification Reimbursement Policy, including the post-program length of service obligations.*

Approval:

ED Signature: _____ **Date:** _____

(Home Office employees: please obtain your department supervisor's approval signature.)

Home Office Use Only

Denial reason: _____

Approved: _____

VP of Benefits: _____ **Date:** _____

Potential Reimbursement:

Amount Used Year to Date:

Total Expenses Confirmed for Reimbursement:

Date Submitted to Accounting:

Request Processed By: