American Senior Communities

# New Nurse Graduate Education Reimbursement Request Form

**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 from 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: |