



HEALTH SERVICES CONTINUING EDUCATION REIMBURSEMENT REQUEST

Requests must be approved by the Health Services Manager before the class start date per DOC 880.135 Health Services Continuing Education Reimbursement.

EDUCATION ACTIVITY DETAILS

Name: _____ Date: _____
 Location: _____ Phone: _____
 Course title: _____ License type: _____
 Course location: _____ Course dates: _____
 Dates absent: _____ Shift: _____

Registration fee: \$ _____ Current benefit balance: \$ _____

Deferred from previous year: \$ _____ Amount to defer (optional): \$ _____

Comments: _____

 Requestor Signature Date

 Supervisor Signature Date

APPROVAL

Comments: _____

 Health Services Manager Signature Date

Return approved form to the requestor to retain until completion of the class.

REIMBURSEMENT

The requestor will submit the approved request and documentation per DOC 880.135 Health Services Continuing Education Reimbursement to the Continuing Education (CE) Reimbursement Coordinator via email to [DOC HS CE Reimbursement](#).

 CE Reimbursement Coordinator Signature Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - CE Reimbursement Coordinator **COPY** - Accounting Office, Requestor