## KADLEC Voluntary Advanced Courses/Initial Certification-Request for Assistance

Employee Name	Current FTE
Address	
Home or Cell Phone	Work Phone
College/University/Certification Board	

Course #	Course/Certification Title	Credits	Initial Certification (Yes or No)	Course/Certification Cost	Books & Fees	Total Course/Certification + Books & Fees
			Total	l \$		
Employee Signature Date				HR Verification Signature		Date
Manager/Director Signature Date			HR Approv	al Signature	Date	

\*For reimbursement consideration, you must completely fill out this form and attach receipts/documentation of expenses. For Voluntary Advanced Courses reimbursement, you must also attach a copy of your transcript(s) detailing your passing grade(s). Maximum assistance is 50% of covered expenses up to \$500 per calendar year for Voluntary Advanced Courses. For Initial Certifications, you must also attach evidence of successful completion of your certification. Assistance for approved certifications is 100% for initial certifications up to \$500 per calendar year.

Date

HR Entry in API