



Policy Supporting Document:	O-5.2.1
Policy Holder:	Exec. Dir. Human Resources

REQUEST FOR PROFESSIONAL FEE REIMBURSEMENT

Name: _____

Department: _____

Certification or License: _____

I request that Camosun College reimburse me for the following costs associated with maintaining the certification or license specified above. Furthermore, I certify that the licensure or certification is properly documented to be a requirement of my position.

(Please attach supporting documentation for payment/reimbursement requested.)

REQUESTED PAYMENT/REIMBURSEMENT FOR PROFESSIONAL FEES: \$_____

CERTIFICATION OR LICENSURE PERIOD: (from) _____ (to) _____

_____(Signed)

_____(Date)

Approved: _____(Dean/Director)

The original approved form is to be attached to the voucher requesting payment.

A copy of the approved form should be sent to Executive Director, Human Resources, Paul 108, Lansdowne Campus.