



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) _____

I understand that the College's agreement to make payment/reimburse me for such costs is expressly made contingent upon my continued employment with the College for the duration of the certification or licensure period specified above.

In consideration of such payment/reimbursement as may be made by the College hereunder, I contract and agree that should I voluntarily cease employment with Camosun College for any reason whatsoever during such certification or licensure period, I shall be liable to repay Camosun College for a pro rata portion of the amount of professional fees paid/reimbursed by the College which corresponds to the amount of time remaining in the certification or licensure period.

_____ (Signed)

_____ (Date)

Approved: _____ (Dean/Director)

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

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