

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

STAFF DEVELOPMENT REQUEST

**This form is to be used only for reimbursement and Leave Approval for CEU Training.
Southern Highlands Reimburses for Approved Registration Only. Travel expenses are not reimbursed.
POLICY 240**

DO NOT USE THIS FORM FOR CENTER REQUIRED TRAINING

Employee: _____ RU: _____ Date: _____

Type of License: _____ Expiration Date of License: _____

Approved Hours Required for Licensure: _____ Unapproved Hours Required for Licensure: _____

Approved Hours Completed to Date: _____ Unapproved Hours Completed to Date: _____

Workshop / Seminar: _____ Date of Workshop / Seminar: _____

Hours You Will Obtain at Workshop: _____ * \$30 = _____ **Total Eligible Reimbursement**

Actual Registration Cost: _____ Payment will be the lesser of the two amounts. **If cost is less than the Total Eligible Reimbursement, the Center will register the employee. If cost is greater than the Total Eligible Reimbursement, the Center will register the employee after the difference is submitted to the Accounting office. Travel, meals, and motels are not reimbursed.**

Hours Requested: _____ Hours Used: _____ Hours Approved: _____

Signature of Employee

Date

If registration costs are equal to or less than \$100, only the Supervisor's signature is required.

Approved: ___ Yes ___ No Supervisor: _____

Approved: ___ Yes ___ No Management Team: _____

Denied: ___ Explanation: _____