

INSTRUCTIONS FOR CONFERENCE/TRAINING REIMBURSEMENT

Please find attached the reimbursement application. You will need to complete one application for each teacher requesting reimbursement.

Once the application is completed please mail, fax, or email it back to the Quality Initiatives Director.

Once the teachers attend the conference/training please submit the following items within 30 days of the last training date:

1. a copy of the certificate of completion
2. a copy of their receipt showing payment was made
3. a written summary of what was learned in the conference***

*****NOTE: No written summary is required for training classes, ONLY for conferences**

Once all items are received, the paperwork will be processed and a check cut. Coalition Staff will contact you to give you the option to pick it up at our monthly provider market day or pick it up at our office. We are unable to mail checks at this time. Depending on the time of year it may take up to 30 days to process your reimbursement check.

Each staff member is eligible for up to \$300 in reimbursement per fiscal year (July 1 through June 30). You may request a complete copy of the policy for Training and Conference Reimbursement from me at anytime.

Thank you,
Ruby Phillips, Quality Initiatives Director, ELCMC,
rphillips@elc-marion.org

Updated: 12/15/14

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Request for Reimbursement Form

Check one box – (complete a new form for each type of reimbursement requested)

- Conference registration
- Training Registration (both On-line and Face-to-Face Courses)
- Professional Organization Annual Memberships Fees (50% of this fee is reimbursable)

Demographic Information: (all areas are required to be completed)

Applicant Name:	Employed by:
Applicant Address:	
City, State, Zip:	Phone: () -
Email Address:	

Conference/Training Information:

Conference/Training Title:	Cost: (Max \$300)
Training/Conference Date(s):	
Training Facility is on approved list: (N/A if you are attending a conference) <input type="checkbox"/> Yes <input type="checkbox"/> No, I wish to add this facility: (PLEASE NOTE: The addition of a training facility does need ELCMC Staff approval)	
Fill in the Facility's information below:	
Training Facility Name: _____ Contact Persons Name: _____	
Phone Number: _____ Website/Email Address: _____	

Professional Organization Name:

Professional Organization is on the approved list: <input type="checkbox"/> Yes <input type="checkbox"/> No, I wish to add this organization: (PLEASE NOTE: The addition of a professional organization needs ELCMC approval)
Fill in the Professional Organization's information below:
Name: _____ Website: _____

By signing this application I verify that I:

- Read and understand the Professional Development Reimbursement Policy and accompanying procedure (available at www.elc-marion.org)
- Understand that this is an application for reimbursement, and that reimbursement is contingent on adherence to the policy listed above as well as available funding
- Understand that reimbursement will be made in the form of a check and will be made out to the entity listed on the proof of payment turned in to ELCMC with all required back up documentation
- The conference, training, or professional organization directly supports quality early education for children
- **Have NOT received reimbursement or a scholarship for this training from any other source or entity**

Applicant Signature: _____ **Date:** _____

Check this box if you authorize your employer to receive the reimbursement on your behalf. (This options is utilized when the employer pays for the training on behalf of the staff member)

COALITION USE ONLY

Application received on: _____ Approved Denied - Reason: Missing paperwork Course not approved
 Other: _____

Staff Signature: _____