

SUPPORT STAFF CLEARANCE REIMBURSEMENT REQUEST

Name: _____

Mailing Address: _____

PA Criminal History (Act 34): Date paid: _____ Amount paid: _____

PA Child Abuse (Act 151): Date paid: _____ Amount paid: _____

FBI Fingerprinting: Date paid: _____ Amount paid: _____

Total Amount paid: _____

PLEASE ATTACH RECEIPTS TO FORM

Employee's signature: _____

Terms of reimbursement per SAESP Contract

HR Approval: _____

Business Administrator's Approval: _____

RETURN FORM TO THE HUMAN RESOURCE OFFICE