

**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**