



UMCHS Reimbursement Request for Required Items

Please complete this form accurately and completely. Missing information will delay your request for approval.

Name: _____ Current Position: _____

Check one: Central Background Registry CPR/First Aid/Food Handler's DMV Record

Amount

Please attach receipt, missing receipt will delay your request for approval.

Education/Training Agreement

PLEASE READ: In consideration of receiving the training funds, I voluntarily authorize Umatilla-Morrow Head Start, Inc. to withhold from my pay check the training funds amount if I do not attend, if I fail to receive a grade of a C or better, or for failure of continued employment for 12 months after attending the training/course will result in the employee paying back to UMCHS the cost of the training. It is expected that staff will turn in grades received from the college attended no later than two weeks after the class has ended. Failure to do so will result in a deduction of the cost of the class at the next pay period.

Education staff pursuing AA or BA degrees that accepts Head Start/Early Head Start or Oregon Prekindergarten training funds will be required to teach or work for a minimum of 3 years after receiving the degree. If you leave prior to this commitment being fulfilled, you will be required to repay the prorated amount of the financial assistance received based on the length of service completed after receiving the degree. (Head Start Act 2007, Section 648 A Staff Qualifications and Development)

In signing this agreement, I voluntarily authorize Umatilla-Morrow Head Start, Inc. to withhold from my pay check the training funds expended on my educational/training expenses if I do not complete the above requirements. This voluntary deduction will be made at the pay period following the conclusion of the training/course or at the end of employment on the final paycheck.

Employee Signature _____ Date: _____

HR Director

Approved: Yes No Amount Approved: _____

Supply and Requisition Sent to Fiscal for Processing: Yes No

HR Director's Signature _____ Date: _____