|  |  |
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| Human Resources  Payroll Reimbursement Form |  |



# Instructions

Fill out the reimbursement form and attach all missing absent report forms.

Reimbursement will occur the following payroll.

# Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Employee ID |  |
|  |
| Department/School |  | Supervisor/Principal |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | | |
|  | |  | S/S S/F B/L V/L SP P/L OTHER Hours: \_\_\_\_ | |
|  | |  |  | |
|  | |  | S/S S/F B/L V/L SP P/L OTHER Hours: \_\_\_\_ | |
|  | |  |  | |
|  | |  | S/S S/F B/L V/L SP P/L OTHER Hours: \_\_\_\_ | |
|  | |  |  | |
|  | |  | S/S S/F B/L V/L SP P/L OTHER Hours: \_\_\_\_ | |
|  | |  |  | |

LEGEND: S/S – SICK/SELF, S/F – SICK FAMILY MEMBER, B/L- BEREAVEMENT LEAVE, V/L – VACATION LEAVE

SP – SPIRITUAL LEAVE, P/L – PERSONAL LEAVE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature |  |  | Name |  |
|  | Signature of the Person Submitting this Form |  |  | Name of the Person Submitting this Form (print) |

HR REVIEW

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Signature |  |  |  |  |  |
|  | MM |  | DD |  | YY |
|  |  |  |  |  |  |

Human Resources Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAYS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOURS