



Supervision Hours Reimbursement Application

Instructions:

- Complete this application and attach proof regarding the hours you wish to request reimbursement.
- Application must be submitted ***and*** approved by HR ***prior to beginning supervision hours.***
- Supervision hours reimbursement is to reimburse payments made to maintain your active license; this is NOT to allow you to obtain a license.
- Meet with your Human Resource Director to discuss your request. If it is agreed that your request meets policy guidelines and budgetary restrictions, the hospital CEO will grant approval.
- Employees must submit a request for reimbursement on a monthly basis.
- At the end of your supervision month, submit your receipt of payment to the HR department. Once the documentation is submitted by the due date, the amount will be reimbursed to you as soon as administratively possible.

Date: _____

Employee name: _____

Department: _____ Job title: _____

For Completion by Clinical Supervision Provider

Name and Title: _____

Agency/Organization employed by during supervision of above applicant:

Expected Dates supervision will be provided (if known): from _____ to _____

Rate of supervision hours: \$_____ per _____ (frequency: session, hour, etc.)

Amount of ***professional supervision*** provided to the applicant for the month noted above: _____

Total number of expected hours of ***professional supervision*** provided to the above applicant: _____

Signature

Date

Name of Agency

Address

City

State

Zip Code

Telephone Number/Email Address _____



HOSPITAL CEO RECOMMENDATION

Approved Not approved

Reason: _____

Hospital CEO Signature

Date

Does this application meet the established guidelines of the Supervision Hours Reimbursement program policy? Yes No

Human Resources Signature

Date

This completed form must be returned directly to:

Your local HRD