

NEW

Request for Third Party Reimbursement Form

Requests should be submitted by the employee prior to the date(s) of the requested absence(s).

Employee _____ **School Location** _____

Date(s) of Absence _____ **Location of Activity** _____

Reason for Absence _____

Full Day ½ day – a.m. ½ day – p.m.

Agency to be billed: _____ Contact Name: _____

Billing Address: _____

Contact Phone: _____ Contact Email: _____

Agreement

1. If this absence is approved by the Principal, the absence(s) will be entered as excused on the Skyward system by the employee.
2. If the third party billing agency denies payment, the employee will be notified by the HR Department and be required to use accrued leave (i.e. Personal, Alternative Leave, No-Pay).

Employee Signature _____ **Date** _____

Principal Signature _____ **Date** _____

Approved Denied – Reason _____

Administrator of Schools Signature _____ **Date** _____

Approved Denied – Reason _____

HR Administrator Signature _____ **Date** _____

Absence verified in AESOP: Full - ½ A.M. - ½ P.M. Agency Billed Date _____
 Absence verified in Skyward Payment Received _____