Nursing License Cost Reimbursement Request

Full Name: _____

Employee Number(s): _____

Where do you work: ☐ Menno Home ☐ Menno Apartments ☐ MBS

Do you work for Fraser Health Authority in any capacity, including casual work? ☐ Yes ☐ No

Do you work for any other healthcare employer: ☐ Yes ☐ No

If "Yes", indicate your status: ☐ Full-time ☐ Part-time _____FTE ☐ Casual

Amount of Request: $_____ Registration Year: _____

Instructions:

1. Complete and sign this Request form. Incomplete forms will be returned to the employee without review.
2. Include (1) proof of payment and (2) a copy of your current registration/license card.
3. Send this form, and required documents, to Menno's People & Culture Department.
4. After review and approval, reimbursement will be made to the employee by payroll deposit.

Attestation / Declaration Statement

I hereby request reimbursement for my annual British Columbia College of Nurses and Midwives (BCCNM) registration fee identified above. In doing so I confirm that I have not otherwise submitted or received reimbursement for this registration fee from any other employer. I confirm that I will remit to the Employer any portion of the Registration Fee refunded to me by the BCCNM, if applicable. Further, I confirm that the information on this request is accurate and complete.

Employee Signature: _____ Date signed: _____

Office Use Only:

Reimbursement Approved: ☐ Yes ☐ No
If No, provide explanation: _____

Approved by: _____ (Print Name)

Approval Signature: _____ Date signed: _____

Forward copy of approved request to Payroll,; file original in employee file.
Return copy of unapproved request to Employee, file original in employee file.

July 2023