Staff Development Financial Assistance Request Form from Renu Hope Foundation

Requestor Name: _____ Position/Title of Requestion: _____

Today's Date: _____ Location of Employment: _____

The request is for financial assistance for the following:

☐	Live Scan for Community Care Licensing Requirements	$_____ (Amount)
☐	Transcript fees for permit/credential application to CTC	$_____ (Amount)
☐	Translation fees for foreign credential/degree	$_____ (Amount)
☐	Tuition assistance to earn permit: indicate which permit below	$_____ (Amount)
☐	Tuition assistance to earn degree: indicate which degree below	$_____ (Amount)
☐	Tuition assistance to enroll in ECE/CD course	$_____ (Amount)
☐	Tuition assistance to purchase books and supplies	$_____ (Amount)
☐	Other: explain below	
		$_____ (Amount)

_____

I understand that if I am no longer a Renu Hope Foundation employee for the duration of the Fiscal Contract Year _____ in which financial assistance is requested, I acknowledge that I will have to pay for the total amount or cost that is requested as a deduction from my final compensation.

I also acknowledge for webinars (In Person or via Zoom), I MUST actively and visibly participate, with camera turned on, in all sessions, including small groups, for each entire training session. If I fail to participate AS REQUIRED, I will be required to pay the total amount or cost that I have requested nor will I be compensated for training time on my pay check .

$_____ TOTAL

Signature ___ _____ Date:_____

Request Approved By: _____ Date: _____

Signature: _____

Reason for Denial:

Please attach a copy of the documentation identifying cost/amount you are requesting.