

Request for Reimbursement of Professional Fees or Occupational Taxes

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name: _____ Department: _____

Certification or License: _____

I request that The Texas A&M University System [pay on my behalf] [reimburse me] (circle one) for the following costs which are associated with maintaining the certification or license specified above. Furthermore, I certify that the licensure or certification is properly documented to be a requirement of my position. (Please attach supporting documentation for payment/reimbursement requested.)

COSTS FOR WHICH PAYMENT/REIMBURSEMENT IS REQUESTED: \$ _____

CERTIFICATION OR LICENSURE PERIOD: (from) _____ (to) _____

Under State law, payment/reimbursement by The Texas A&M University System of these costs is specifically conditioned upon the System receiving an adequate return on such expenditure. I understand that the System's agreement to make payment/reimburse me for such costs is expressly made contingent upon my continued employment with the Texas A&M University System for the duration of the certification or licensure period specified above.

In consideration of such payment/reimbursement as may be made by the System hereunder, I contract and agree that should I cease employment with the Texas A&M University System for any reason whatsoever during such certification or licensure period, either voluntarily or through termination of employment, I shall be liable to repay the System for a pro rata portion of the amount of professional fees or occupation taxes paid/reimbursed by the System which corresponds to the amount of time remaining in the certification or licensure period.

_____ (Signed)

_____ (Date)

Approved:

_____ Department Head

A copy of the approved form should be sent to the System Human Resources Office, MS 1116. The original approved form is to be attached to the voucher requesting payment.