CIT – Kitsap County Request for Backfill/Overtime Reimbursement 2014

Agency Name	Agency E-Mail
Agency Contact and Address to Remit Reimbursement to:	
	Phone:
	E-Mail

Training (Check all that apply):

☐CIT Basic, 40-Hour Session Number: Session Date:

☐Commissioned Officer/Deputy

☐Non-Commissioned/Civilian

Student(s) Name(s) – more than one student can be listed here, if less than 40 hours requested, list in parentheses next to student name	

I, the undersigned, do hereby attest that the above named student(s) is (are) ESSENTIAL PERSONNEL to our agency and another staff person is backfilling or working overtime to cover the student's position. As a result, I request reimbursement (set at $55 per hour for commissioned personnel) for our agency.

I understand that our agency will only be reimbursed after the full training is completed.

_____

Printed Name, Rank Signature Date

The completed form may be:

E-mailed: jerice@co.kitsap.wa.us (with all signatures on form)

Reimbursement forms submitted more than 14 days after the class is completed will not be accepted.

Questions? Comments? E-mail jerice@co.kitsap.wa.us .